PLACE OF DEATH	STATE OF MARYLAND
Mark t	CERTIFICATE OF DEATH
County / ashington	Registration Dist. No.
THE CORPORATE LIMITS OF	
Village or City Logustown (No. Hay	a Haspitalet: 3 Ward) (If death occurred in a hospital or institu-
all pv	ilon, give its NAME in- stead of street and
2 FULL NAME Catherino & 13	antal gumber,)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED WIDOWING	(Month) (Day) , 1921
female white Writed of about	17 I HEREBY CERTIFY, That I attended the deceased from
TO DATE OF BIRTH	June 22 193/, 10 July 17 , 103/.
ang 1 187	S that I last saw h alive on July 16 , 1981.
(Month) (Day) (Yenr)	and that death occurred on the date stated above, at 845 am.
7 AGE	The CAUSE OF DEATH & was as follows:
56 yrs 11 mos 15 de or min.	; Ulyscadilis choice
8 OCCUPATION 1	
(a) Trade, profession or Nonzem	
(b) General nature of industry	(Duration) 7 yrs
business, or establishment in which employed or (employer)	3 0.1
9 BIRTHPLACE (State or country)	Contributory Secondary
And.	(Duration)yrsmos/ Ø. da
MO NAME OF FATHER	(Signed) San view to miller - M. D.
Cudien Fleman	Tul, 17. 1921. (Address)
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Beans of Injury; and (2) whether
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Accidental, Suicidal of House dat.
a OF MOTHER Susana Weist	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
18 BIRTHPLACE OF MOTHER OA O	At place 9.4 In the
(State or country)	Where was disease contracted, MA
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Hu, L. Darnhar	usual residence
Mason & Disarded R	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Address)	- thiddleling Mr Jorky 20 19.31.
Filed 1-11-13/ Chost Pooc	O SONDERTAKER ADDRESS
Registrar	Scott F. Minnes Hag. Ind.
f more blanks are needed, address State Registr	ar. 16 W. Saratoga St., Balto., Requesting V. S No.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At *chool or At home. Care should be taken Whatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as en at home, who are engaged in the duties of the work, or household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. Physician. Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The question applies to each and every person, irrespective of capation is very important, so that the relative health-Statement of Occupation -- Precise statement of oc-6 yrs.). For persons who have no occupation For many occupations a single word or term on especially in industrial employments, it is neces-11 without more precise specification as Home, and children, not gainfully em--Coal mine, etc. Wom-Housewife, House-But in many

Stagement of Lause of Death—Name, first, the dis-Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lodur pneumonia, Bronchopneumonia ("Pneumonia")

> ment рево Nomenclature of the American Medical Association.) quences ture of Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF Examples: as probably such, if impossible to determine definitely State cause for which surgical operation was under "PUERPERAL diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a defiuite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report incre symptoms or causing stated unless important. myrs. peritonaeum, etc., Curcinoma, Surcoma, etc., of....... (name origin; "Cancer" is less definite; avoid vulsions." Chronic interstitial nephritis, etc. The contributory use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; of cause of death approved by Committee on For VIOLENT DEATHS State MEANS OF INJURY the injury, as fracture of skull, and conse-(c. g., sepsis, tetanus) may be stated under the death), 29,ds.; "contributory." "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railrow septicaemia.""Puerperal peritonitis," for malignant neoplasms); Measics; Chronic valvular heart discase; (Recommendations on state-Bronchopneumonia Example: Meastes (disease failure." "Haemor-Always qualify all "Coma," (merely terminal (secondnot be

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(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonio, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide: Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. (Recommendations on statement of cause of can be ascertained as the cause. Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; by Committee on Nomenclature Chronic valvulor heart disease; Example: Measles (disease etc. The contributory Always qualify all Measles ;

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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08502
1. PLACE OF DEATH	(23)
County Washington	Registration Dist. No. 30
Village or City Lagustown	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	
2. FULL NAME Glorge M. Basse	the _
(a) Residence: No. 19elnue	St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Havied	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Sulla Bassett	22. HEREBY CERTIFY, That I attended deceased from 1934, to Tuly 30 19
6. DATE OF BIRTH (morph, day, and fear) 2 3 - 1850	Hast saw h win alive on Fully 28 , 1932; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 8.30 Pm.
8 / or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc.	Pulmorary Turbineulosis winou
S. Haddon of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Determine deceased last worked at 11 Total time (years)	
1D. Dete deceased last worked at this occupation (month and year) - occupation -	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
W 13. NAME Rensler Bassett	
	Name of assertion
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
# 15. MAIDEN NAME Pling Bananell	What test confirmed diagnosis? Was there an autopsy?
=	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT Plus Jella Bassett (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Naguetown Manate ang 1, 1951	Nature of Injury
19. UNDERTAKER South 7. Minnight	24. Was diseese er injury in any way related to occupation of deceased?
20. FILED 7/3/-, 193/6/kos/HBavere	(Signed) Juchney a mult M. D. (Address) Japa in and
1	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal eause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago	
Other contributory causes of importance:	W - 1 1000	Other contributory eauses of importance:		
Gallstones	Moy1,1923	Gastroenteritis	1 year	

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d •	(-

PLACE OF DEATH	STATE OF MARYLAND
County Washinglan	CERTIFICATE OF DEATH
WITHIN CORP. RATE LIMITS OF	Registration Dist. No. 302
Village or City Hagh stour No. 41-6a	AT ROO 16 WILLIAM
Village or City / ages Sour No. 7/- 6 as	St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
- Committee of the comm	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temal White Single, Married Married Widoweb. OR DIVORCED (Write the word)	16 DATE OF DEATH (Mony) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
GOT 1857	100 to 7 , 1923
(Month) (Day) (Year)	that I last saw h alive on 1923
7 AGE [If LESS than	
1 day hrs.	
mos. ds. or min.?	and the stope
(a) Trade, profession or	
Particular kind of work AMW WWW.	
dusiness, or establishment in	(Duration) yre mos de.
which employed or (employer)	Contributory Polario Sclerosia
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds.
FATHER Hugh B. Hughes	(Signed) Dully D.
M 11 BIRTHPLACE	192 (Address) 192 (Address)
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah Young	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
P Datte	Former or usual residence
(Informant) alux 12001	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Haalrstown Ma	The in bestored July 6 1991
15 7 / BIPS. HB2 1040	20 UNDERTAKER ADDRESS
Filed 6 192 6 10 SA MOON Registrat	Fred WKraiss Hashstown
if more bianks are needed, address State Registra	or, 16 W. Saratoga St., Balvo., Requesting V. S. No.
	V Mac

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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N. B.

PLACE/OF DEATH County County Con	08504 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 303
Village or City Sul Stel (No (No Childs	St.: Ward) (If death occurred in a hospital or Institution, give its NAME ir stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Ver) I HEREBY CERTIFY, That I attended the deceased from 1920, to 1920, that Least saw herealive on 1920, to 1920, the least saw herealive on 1920, to 1920, the least saw herealive on 1920, the least
7 AGE	and that death occurred on the date stated above, at
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre mos de
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF FATHER CLARAGE OF FATHER (State or country) (State or country)	(Signed) (Address) (Address) (M. D. State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death?
(Informant) Riliard Bloyer (Address) Clark Sung Md	Former or dean rusual residence. 19 PRACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL
Filed wy 1931 J. W. Mus. Registrat If more b.anks are needed, addre. s Ltate registrate	Ruliand Of Bloyan Cleans pring Mg

· (Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

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PA

)	PHYSICIANS	
	RECRO	Ssified, Exa	
ESERVED FOR BINDING	FADING INK-THIS 15" A PERMANE RE RD	refully supplied. AGE should be stated EXACTLY. PHYSICIANS in terms, so that it may be properly classified. Exact statement of instructions on back of certificate.	
FOR	FHIS 18	at it may	
SERVED	ADING INK-	efully supplied terms, so the nstructions of	

10 4-

08505 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH

Village or City Near Shielmanno, N.W. 78.5	Registration Dist. No. 3 St.; Ward) St.; Ward) St.; Ward) Societ Societ Registration Dist. No. 3 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5-SINGLE, MARRIED, MIDOWED OR DIVORGED OR DIVORGED OR DIVORGED (Write the word) 6 DATE OF BIRTH 7 AGE If LESS than 1 day, hrs. OR min.?	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That Lattended deceased from 18 1931, to 1931, 1931, to 1931, 193
8 OCCUPATION (a) Irade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	My occupation Turice Contributory liellerio Sclenoses Contributory liellerio Sclenoses

10 NAME OF BIRTHPLACE OF FATHER (State or country MAIDEN-NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

(Address) REGISTRAR

OR RECENT RESIDENTS

Where was disease contracted, If not at place of death?

(1) MEANS

State,yrs. mos.ds.

DISEASE CACSING DEATH, or, in deaths/from VIOLENT OF INJURY; and (2) whether ACCIDENTAL,

In the

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

ADDRES

Il more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Signed)

At place

Former or ususi residence

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulyrs.). -('aal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobur pneumonia, Bronchopneumonia ("Pneumonia," Lobur pneumonia, indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic ocid-probably Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as "Heart failure," "Huemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," surgical operation was undertaken. For violent neaths "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Braurent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valeular heart disease; Chronic interstitial ges, perilonaeum, etc., Curcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," State cause for which "Exhaustion," ACCIDENTAL, report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. IARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N.B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—O	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
County Dash	Registration Dist. No. 306
Village or City mh gion her Topril	U.No. St., Ward
Length of residence in city or lown where teath occurred 10 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FILL NAME OCTATO M. C.	F. Buhman
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of W- Duhuman	22. I HÉREBY CERTIFY, Thet I attended deceased from
1 /2 - 1850	LI last saw here elive on $7 = 2^{\circ}$ J 19.3 /; deeth is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 Pm.
77 / / / / day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER,	assoplexu
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and July) spent in this year) occupation occupation	
1 had	Other Coutributory Causes of intertance:
12. BIRTHPLACE (city or town) (State or country)	Jugarum -
1 13, NAME antrew Harband	
2-4	
(State or country)	Neme of operation
15. MAIDEN NAME In my lla Buhaman	What test confirmed diagnosis? Wes there en autopsy?
5. 6	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[6, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Almanaga Ball.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) (Address)	opening whether injury occurred in thousand, in nome, or introducto rende.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place To frille Date July 30, 193/	Nature of injury
19. UNDERTAKER M. J. Cerefaged Ham. (Address)	24. Wes disease or injury in any way related to occupation of deceased? 700
20. FILED July 28, 1931 Set No Ferguso Registrar.	(Signed) VIII Miller M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Reduesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
C ronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
•			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state regCORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

1 DI	405.05		OF MAR	RYLAND—	CERTIFICATE	OF DE	AIH US	641
	LACE OF				(3)		30	5
	,	Washington				Registratio	on Dist. No.	
	fillage or City				No. f death occurred in a hospital or institut s			and number)
					s	i loreign Ditth:_	yis	00303.
		E Still	born BUS	SARD				
		: No.	(Usual plac		St.,Ward.		ent give city or town	
		L AND STATIST				ERTIFICAT	TE OF DEATH	1
3. SEX	ale	White	5. SINGLE, MA OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	July (Month)	6,	193
5a. If ma	rried, widowad, SBAND of	, or divorcad				(month)	(Day)	(Year)
(or)	WIFE of				22. I HEREBY		-	ded deceased from
						19, to		, 19
6. DATE 7. AGE	OF BIRTH (mo	onth, day, and year) Months	July 6, Days	II LESS than	to have occurred on the data state		, 19 m.	; death is said
		STILLBORN		ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	II and ralated ca	iusas of importance	Date of onset
8. 1	rada, profassio	on, or particular k done, as SPINNER, OOKKEEPER, etc.			1-1-11		7.1.A.	4
				***************************************	- 14/70. Ule	uill (Sp Eyz	12
NP/	work was do	sinass in which one, as SILK MILL, BANK, atc			Stillbo	rn		
9. I	Date dacaased this occupat	iast worked at tion (month and	Sp:	tima (years) ent in this cupation				
	HPLACE (city o	or town) Md.			Other Contributory Causes of Impo	rtance:		
1	State or country				11/1/1/1/1/20	uity.		1. 20 12 22
13. N	AME	Gardner F.	Bussard		alendam	01/92	nplant	chave
₹ 14. B	BIRTHPLACE (c				Nama of operation		Data o	of
	(Stata or co		dysville	. Md	What test confirmed diagnosis?		Was thara	an autopsy? McC
15. N	MAIDEN NAME	Bertha F. I	erguson		23. II death was due to external cau			
15. N	BIRTHPLACE (c	ity or town)			Accident, suicida, or homicide?		Data of injury	, 19
Σ	(State or co	ountry) Kee	edysville	, Md.	Whare did injury occur?	10 1 1		
17. INFDF	RMANT Address)				Specily whather Injury occurred in	INDUSTRY, in	or town, county and HOME, or in PUBLIC	PLACE.
18. BURIA	AL, CREMATIO	N, OR REMOVAL			Manner of injury			
P	laca		Data					
	ERTAKER Address)		***		24. Was disease or Injury Intent we			
20. FILED)	, 19		Registrar.	(Signad) (Addrass)	Els/	lalin	le The
ULUS		IN RESIDENCE	blanks are needed.	addy Plate Registrar	2411 N Charles Street Baltimore Re		Ja .)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1882 3 3 6			*
Other contributory causes of importance:		Other contributory causes of importance:	71191
Gallstones	May 1,1923	Gastroenteritis	1 year
THE THE PARTY OF T			14

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	em of	plnods
	Every it	SICIANS
	COR	PHYS
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ALCORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR	IS A	stated
RESERVED	ING INK-THIS	AGE should be
MARGIN	UNFADI	supplied.
	Y, WITH	carefully
	PLAINL	hould be
	-WRITE	mation s

N. B.-WRITE PLAINE

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Washington	Registration Dist. No.
Village or City Hugers bus.	No. 247. S. Mul berry, St, 3 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME David Edw Bye	4.2
(a) Residence: No. 2 47 S. III ul berry	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male While Single (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Hb 11 8 - 1901	I last saw him alive on July 1, 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at bm.
30 2 24 I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER,	Sarcoma of right
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et this excusation (month and same	Jegen Eugland
work was done, as SILK MILL, SAW MILL, BANK, etc	at hip fourt au 1930
	at seat of of evaluin
year) Sam 14.4 oscupation	Other Contributory Causes of importance:
12. BtRTHPLACE (city or town) XV U U V V S D V O (State or country)	Metastasts of right
	Turation of
13. NAME Same H. Dyers. 14. BIRTHPLACE (city or town) The Verexs burg	Name of operation Trail Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? No.
15. MAIDEN NAME HITCE V. Monegan	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME ALCEV. MONEGON 16. BIRTHPLACE (city or town) IT-LY-CRESS PURPLY	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sund the layers (Address) Haalers town TTT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
ts. BURIAL, CREMATION, OR RENOVAL	Manner of injury
Place LILE YCEYS DWG U Date Duly + 1931	Neture of injury
19. UNDERTAKERA IX. COXXVIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	24. Was disease er Injury in any way related to occupation of deceased?
20. FILED 7-2-, 1931-6 has # Bowers.	(Signed) M. D. (Address) A Company of Division
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore Requesting 71/5 No.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

22027822021222 524 22 023	FOR FURTHER STATEMENTS BY PHYSICIAN

re te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor state UPA	1. PLACE OF DEATH	
of of OCC	county Washington	Registration Dist. No. 20 2
item of should of OCC	Village or City Kara CV STAWA	ND. Wash Co HOSp: Yal St, - Wa
ry i	Length of residence in city or town where death occurredyrsmos.	2
CORD. Every PHYSICIANS ict statement	2. FULL NAME William Les Coyd	Lell
resident Signature of the Signature of t	(a) Residence: No. Cheway. He Mid	St., Ward.
PHY ct	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E	Male White May (12 a word)	(Month) (Day) (Yoar)
NDING RMANEN X A C T L classified.	5ā. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceasad fi
BINDIN EXAC y classific	(a) wire of all and all.	July 12 ,1931 ,10. July 14, ,193
	6. DATE OF BIRTH (month, day, and year)	t last saw h alive on 19 ; death is s
FOR BI IS A PE stated E properly certificate	7. AGE Years Months Days If LESS tilan I day, hrs.	to have occurred on the date stated above, at
	8. Trade, profession, or particular	were as follows:
ED HIS he he of	kind of work done, as SPINNER, - Q Y YY CY SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	alloudental traumation - July
ERV]	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Tracture of skull both forearms 1 12
SH SH SH	10. Data deceased last worked at this occupating (month and) spent in this occupating (month and)	from less - Cantowrilli acciden
RES NG I AGE that ions o	year) Sugar and	Other Contributory Causes of importance:
F4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12. BIRTHPLACE (city or town) Syeen eastle	/otwek
ARGIN UNFADI ipplied. terms, so	# 13. NAME Henry Cordell	
7 5 5 5 6	14. BIRTHPLACE (city or town) GYRANE as Yle	Nama of operation Date of
HH - H 70	(State of County)	What tast confirmed diagnosis?
carefully CH in pla	15. MAIDEN NAME ON YIE TO POREX 16. BIRTHPLACE (city or town 5 Y 220 22 1) 2	23. If death was due to external causes (VIOLENCE) fill in also the following:
	O 16, BIRTHPLACE (city or town) 5 X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Where did injury occur? Washington Date of injury Man
	17 INFORMANT TYS Lee Cordall	(Specify city or town, county and State) Spacify whether hjury occurred in IMOUSTRY, in HOME, or in PUBLIC PLACE.
PLAI hould OF DE	(Address) Chaus ville ITT	Girlie bluce
6-3 01	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury Personal Community and Market
-WRITE mation sl CAUSE TION is	F 15 (De la	Mature of injury
B.—W ma C.A	19. UNDERTAKER 1 - 10 10 10 10 10 10 10 10 10 10 10 10 10	24. Was disease or injury in any way related to occupation of deceased?
S. E.	20, FILED 7-15- 13/6 Kast 1/200ers	(Signed) W N
(1)	Registrar.	(Address) (Hag MIM) , Wa
13 Marin	ew 15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

. D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3021 (if death occurred in a hospital or institu-tion, give its NAME is -EXAC number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED THE WIDOWED. OR DIVORCED (Write the word) HEREBY CERTIFY. That I attended the deceased from that (Day) 7 AGE If LESS than and that death occurred I day hrs. min.? 8 OCCUPATION (a) Trade, profession or particular kind of work carefully TH in plain (b) General nature of industry business, or establishment in (Duration) which employed or (employer) import Contributory 9 BIRTHPLACE ATI Secondary (State or country) OM DO 10 NAME OF Shoul E CF 11 BIRTHPLAC OF FATHER CAUSE HZ Causing Death or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Information (State or country) ATIO 12 MAIDEN NAME O. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER Ö of death ..vrs..........ds, State.....yrs.....mos..... (State or Country) 00 Where was disease contracted, of item of it not at place of dea.h? of 14 THE ABOVE IS Every item CIANS sho statement Former or usual residence DATE OF BURIAL 19 PLACE OF BURNAL OR REMOVAL UNDER If more banks are needed, address State Registrar, 16 W. Saratoga St., Buito., Requesting V. S. No. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., wir-laborer, laborer, ha are fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs,. state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH g. ged in domestic service for wages, as Servont, Cook. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons Foreman, first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on be used only when needed. (b) Cotton mill; (a) Salesmon, without more precise specification as Doy (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Laborer-Coal minc, etc. Wom-Locomolive engineer, As examples: (o) (6) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely. "Exhaustion,"
"Inanition," telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railwoy troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicacnia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasins); Measles; (Recommendations on statement of cause of taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitiol nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) "Marasmus," "Old Age," "Shock, Chronic valvular heart disease; affection need etc. The contributory not be etc., of

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

A

V. S. No. 1

ite	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	3
ould stat	county Mashington.	Registration Dist. No. 30 2
-	Village or City Hay vestaco	No. 4/8 Rudy St, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
0		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. Not foreign birth? yrsmos ds.
PHYSICIANS ict statement	2. FULL NAME Edward E. C. os	8.
ICI	1110 0	St., 5 Ward.
Sti	(a) Residence: No. 4/0 / CUM place of abode)	ot., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	3. SEX 4. COLOR OR RACE OR BYORCED (wince the word) Single Or BYORCED (wince the word)	21. DATE OF DEATH July (Bay) (Year)
ACTL assifted.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
X A	Λ Λ	5/ 19to
	6. DATE OF BIRTH (month, day, and year) 19 193/	I last saw h alive on the Child, 19 ; death is said
stated E properly certificate	7. AGE Years Months Days At LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at /
be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
should it may n back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
E + 0	10. Date deceased lest worked at this occupation (month end year) spent in this occupation	
erms, so that instructions o	12. BIRTHPLACE (city or town) Hageistown	Other Contributory Causes of importance:
illy supplied. plain terms, . See instru	(State or country) (State or country) (State or country)	
supplied n terms, ee instru	E // // // // // // // // // // // // //	
y sul ain t	14. BIRTHPLACE (city or town)	Name of operation Date of Was there an autopsy?
full, pl	15. MAIDEN NAME anna Mina	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
be carefully EATH in pla important.	16. BIRTHPLACE (city or town) Shanfslurg (State or country)	Accident, suicide, or homicide? Date of injury, 19
	17. INFORMANT A CONCLETE CONTRACTOR (Address) + Call Stevenson	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Coal Stall C. Date July 20, 193	Nature of injury
mation S CAUSE TION is	19. UNDERTAKER FALL W. Kraksky (Address) Drawinstown W. W.	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED 7-20-, 931 6 Kas However & Registrar.	(Signed) M. Que Gordon M. D. (Address) Dugunlow Mul
	If more blanks are needed, address State Resistrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSI-

instructions on back of

statement of

PLACE OF DEATH

Co	ounty Washington	CERTIFICAT
Villa	age or City Tilghmanton (No.	Registration St.: War
	2 FULL NAME Thuistian alfred	Daughty.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT
3 81	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY That
6 D	ATE OF BIRTH	June 20 1923/, to
	(Month) (Day) (Year)	that I last saw harm, alive on
7 AG	d dayhrs.	The CAUSE OF DEATH % was as follow
-	COUPATION Trade, profession or articular kind of work.	Megocamolitico (
bi w	o) General nature of industry usiness, or establishment in hich employed or (employer)	Contributory (Duration)
RENTS	11 BIRTHPLACE ONES Paugherty OF FATHER (State or country)	(Signed) 3 192 (Address) State the Disease Causing Develorent (Inness, state (1) Means of Accidental, Suicidal or Homicidal,
PAR	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For He ients, or Recent Residents) At place
	(State or country)	of death yrs. mos. da,
14 T	HE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(informed by de Daugherty	Former or usual residence
15	Address) Hageston, Md.	Manor Conty
	wore blanks are needed, address State Registrar.	10 W. Saratoga St., Balto Requesting

STATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-

..... Ward)

tion, give its NAME innumber.) ERTIFICATE OF DEATH (Month) (Day) That Tattended the decased was as follows: Causing Death, or, in feaths from (1) Means of Injury and (2) whether Homicidal, NCE (For Hospitals, Tostitutions, Trans-In the State,yrs.....mos.....da DATE OF BURIAL R REMOVAL

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing bearm, gaged in domestic service for wages, as Sorvant, Cook, Housemaid, etc. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (5) Grocery; worked on may form part of the second statement (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and sary to know (a) the kind of work and also (b) the Civil engineer, Stationary faremen, etc. But in many Physician, Compositor, Architect. Locomolive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various purguits can be known. The queseupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation If the occupation has been chauged -Coal mine, etc. Womtherefore an

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia"):

and qualify as accidental, suicidal, or homicidal, or ment of eause of death approved by Committee on quences ture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," can be ascertained as the eause. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. stated unless important. vulsions." causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; (unme origin; "Cancer" is less definite; avoid myes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart discuse; of "contributory." FOR VIOLENT DEATHS State MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" Never report mere symptoms or ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes Always qualify all failure." "Haemor-The contributory "Coma," terminal (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is assential and must be obtained before the certificate is permanently filed.

should state

1	L PLACE O	F DEATH	•			
	County	Washington	ee.		Registration Dist. No. 3//	
- Carrie		ity Near Lapr	ans		No. St.	Ward
			10		(If death occurred in a hospital or institution, give its NAME instead of street and number os. ds. How long in U.S. it of foreign birth?yrs mos	r)
:	2. FULL NA	ME John R.	Davis			
conference	(a) Residen	nce: No. Neal	C Lappan (Usual place		St., Ward. If nonresident give city or town and State	194222
	PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX ale	4 COLORLOB RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Day) 193	(ear)
5a.	If married, widow HUSBAND of (QL) WIEE of	ved, or divorced Bessie Hot	ffer		22. I HEREBY CERTIFY. That I attended deceas	ed from
		(month, day, end year)	y 3. 18	74	Harryawhim alive on July 4 1931; deat	931 h is sald
7.	AGE 57 Year	ars Months	13 ^{ys}	If LESS than 1 day, hrs. ormin.	word as follows:	of onset
NOIL	kind of v	ssion, or particular work done, as SPINNER, , BDOKKEEPER, etc	Farmer		Strangulation with robe	
OCCUPATION	work we SAW MII	business in which s dome, es SILK MILL, LL, BANK, etc		****	ly hanging	
00	10. Date decees this occu year)	patjon (199th 215m19:	31 Span	me (years) It in this life pation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (ci (State or cou	ty or townsh - Co - Mi	1		Meula de de ser a santa	1 Truck
ER	13. NAME	Josiah Day	ris Md			
FATHER	14. BIRTHPLACE (State or	(city or town) Mar	yland		Name of operation Date of What test confirmed diagnosis? Was there an autopsy	17
1ER	15. MAIDEN NA	ME Sarah Sma	1]		23. If deeth wes due to external causes (VIDL ENCE) fill in also the following:	
MOTHER		(city or town)			Accident, sulcide, or homicide? Aucided Date of injury 2115, 1 Where did Injury occur? Residence	15t
17.	, INFORMANT	Mrs. E.C.Mi.	ller		(Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMAT	TION, OR REMOVAL			Manner of injury	
	PlaceBoo	nesboro Md	Date Jul	y-18,19.31	Nature of injury	
19.	. UNDERTAKER	Albert Lea:			24. Was disease er injury in any way related to occupation of deceased?	
	(Address)	Williamspo	ort Md	0	If so, specify	
20.	FILEDKILL	117.103/ 100	iale V. 1	Oloseca)	(Signed) III was a will M	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deeeased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related eauses of importance were as follows: Attack of epilepsy	Date of anset 1 week age
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No. Ward If nonresident give city or town and State 1 attended deceesed from daath is seid Date of onset

23. If death was due to extarnel causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was disaase or injury in any way ralated to occupation of deceased

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O/S. No. 1.

Registrar.

ti

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Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 4 1981-	1915	Attack of epilepsy	1 week age
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SUR. UVS	July 5,1927	Peritonitis	3 days ago
13				
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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of OCCUPA-

-	STATE OF	MARYL	AND-	CERTIFICATE OF DEATH 3	80
	1. PLACE OF DEATH	_		950	014
	county Washing	on		Registration Dist. No.	121
- Contractor	Village or City Hagexs	town	/10	No. The date buy of Pike St, death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of residence in city or town where dea	Ih occurred)	/rs3mos		
	W 1	TIT	= 1		
-	*******	7	139		
1	(a) Residence: No. \\Ti & d	(Usual place of ab	ode)	Ward. If nonresident give eity or town and	State
-	PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
1	3. SEX 4. COLOR OR RACE :	. SINGLE, MARRIED		21. DATE OF DEATH	4
	Make Wift	OR DIVORCED (W	rite the word)	July 21.	, 193
1	5a. If married, widowed, or divorced	3.1.0		(Month) (Oay)	(Year)
	HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from	
		1 - 0 1	0.2.1	July 29 , 1936 , to fully 34	, 193/
1 -	6. DATE OF BIRTH (month, day, and year)		431	Hast saw bush alive on Sty (34)	; death is said
1	7. AGE Years Months		If LESS than day, low hrs.	to have occurred on the date stated above, at	
-		or	min.	were as follows:	Oate of onset
130	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, elc.	10ng		memo / mo;	7/
					129/51
1	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
000	0. Date deceased last worked at this occupation (month and	11. Total time (years)		
-	year)	occupatio		Other Contributory Cances of Importance:	
	12. BIRTHPLACE (city or lown) TO GLY	stown,		other countries of importance.	
-	(State or country)	d			
L	13. NAME Gewben H	Eby	241		
1	13. NAME Yeuben H	er stow	η	Name of operation Oate of	
1-	(State of Country)	ma		What test confirmed diagnosis?	utopsy?
L	15. MAIDEN NAME TO na	TTTQx+i	Ŋ	23. If death was due to externat causes (VIOL ENCE) fill in also the following	:
10	15. MAIDEN NAME AND A	exstown	n	Accident, suicide, or homicide? Dale of injury	, 19
-	(State-or country)	TITA		Where did Injury occur? (Specify city or town, county and State	e)
	17. INFORMAND I LUDEN T	Eby	Y	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
-	18. BURIAL CREMATION, OR REMOVAL	m. III	4		
	Place 1 & 1 V Seu M.d.	Dale Duler	30,1931	Manner of Injury	
-	Diff O	1	,	Nature of injury	
	19. UNDERTAKER 17 12 COX XV	ram	4	24. Was disease er injury in any way related to occupation of deceased?	
-	(Address) C P KIST	Swy II	19	If so, specify Oillo	
	20. FILEO / 47/ 193/ 6 /	eass/Ro	Registrar.	(Signed) (Address) As wellown 1	1d. W. b.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 6 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroente ri tis	1 year

8	¢7	

STATE OF MARYLAND-CERTIFICATE OF DEATH should state of infor-OCCUPA. 1. PLACE OF DEATH Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?__ PHYSICIANS Langth of residance In city or town whera death occurred statement If nonresident give city or town and State (Usual place of abode Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) PERMANENT CTL (Month) (Year) BINDING 5a. If married, widowed, HUSBAND of or divorcad That I attended docoased from (or) WIFE of 国 certificate. 6. DATE OF BIRTH (month, day, and year) properly If LESS then to have occurred on the data stated above, at 7. AGE Years Months FOR The PRINCIPAL CAUSE OF DEATH 2 and related causes of importence or. min. ware as follows Oate of onset 8. Trade, profession, or particular IARGIN RESERVED -THIS kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. of may back 9. Industry or business in which pluods work was dona, as SILK MILL, SAW MILL, BANK, etc..... UNFADING INK-10. Date deceasad last workad at 11. Total time (years) this occupation (month and spent in this occupation that instructions Other Contributary Causes of importance: 12. BIRTHPLACE (city or town) (Stata or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) should be carefully What test confirmed diagnosis? MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VtOLENCE) fill in also the following Accident, sulcida, or homicide?_____ Dete of injury ______ 19_ DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?_ (Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT SE OF 18. BURIAL CREMATION OR REMOVAL Manner of injur mation Nature of injury LION 24. Was disaase e 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis, R.F.A.U. V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Callan mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, ar At home. Care should be taken definite salary), may be entered as Hausewife, Househousehold only (not paid Hausekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Fareman, (b) Automabile factory. The inaterial For many occupations a single word or term on or At Hame, and children, yrs). Farm laborer, Laborerwithout more precise specification as Day Compasitor, Architect, Locamotive engineer, For persons who have no occupation (a) the kind of work and also (b) the -Coal minc, etc. not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the Disaase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Labar pneumania, Branchopneumonia ("Pneumonia,"

Lapproved by Committee on American Medical Association.) stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcama, etc., of (name origin; "Cancer" is less definite; avoid Ichanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculasis of lungs, men-(Recommendations on statement of cause of carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumania (secondary) Whaoping as fracture of skull, and consequences (e.g., sepsis or as prabubly such, if impossible to determine definitely can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chranic valvular heart etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all questions in a prevent in the correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

V.S. No. 1

TION is very important.

	Registration Dist. No. 30 Z
(a) Residence: No. Williamsp@suaplace of about d	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female white 5. Single, Married, Widowed, OR Divorced (mile the word)	21. DATE OF DEATH July 17.1931 (Month) (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clayton Forsythe	22. I HEREBY CERTIFY. That I attended deceased from 1931, to July 17 1931
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceesed last worked at this occupation (month and 1, 15.31 11. Total time (years) spant in this occupation (month and 1, 15.31 11. Total time (years) spant in this occupation	I last says of a live on July 16 , 19 31; death is said to have occurred on the date stated above, at 9 A . m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carciner Reference to accept the company of the compan
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: See Successed Character Cochegina Character Name of operation to the Data of What test confirmed diagnosis? As To Aches! Was there an aulopsy? LO
15. MAIDEN NAME Ida C. Talbert 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death wes due to axternal causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
(Address) 18. BURIAL, CREMATION, ON REMOVAL MSPORT Md Place Williamsport, Md Date July 19,19 31 Albert Leaf 19. UNDERTAKER (Address) Williamsport 20. FILED 7 - 19 3 (Manner of injury Nature of injury 24. Was disease ar injury in any way related to occupation of decaased? If so, specify (Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	1 week ago
Run over by street car	1 week ago
Peritonitis	0.1
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

PLACE OF DEATH	08518 STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
TO WHILE COPPERATE LIMITORS C	Registration Dist. No. 302
Village or City 600 9 21 Stours. 8 61	Ward) (If death occurred in a hospit or institu-
Ocario, to	tion, give its NAME i -
2FULL NAME CONTRACTOR	(Wealth number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWAD	16 DATE OF DEATH July 19 19231
VEMMe White Write the word	(Month) (Day) (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Analive on fully 18 192 h.
7 AGE IfLESS than	and that death occurred on the date stated above, at 69 m
1 day hrs. ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Sophice
(a) Trade, profession or particular kind of work	- N
(b) General nature of industry business, or establishment in	(Duration) yrs. mos 20 ds.
which employed or (employer)	Contributory Cholelelhousis Chrome
(State or country)	Secondary Mysearling (Duration) yes mos de.
10 NAME OF FATHER	(Signed) add Jaupper M. D.
M 11 BIRTHPLACE	July 20 19 1 (Address) Hagerston my
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Vicent Causes, state (1) Means of Injury and (2) Whethit Accidental, Suicidal or Homicidal.
of MOTHER A	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
(State or country) Mary faul	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Must Hicking	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 251 & Mylect	1000 Rull 7/20,1931
15 Filed 7-20- 19316 Kost Bowe	20 UNDEMAKER ADDRESS
Registrar	Olusuler klass Hagerslow
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. 8.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrunt, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary, may be entered as Housewife, Houselaborer, Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Munager," "Deal-Spinner, Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation (b) Catton mill; (a) Salesman. (b) man, (b) Automobile factory. The without more precise specification as Day Stationary fireman, etc. (a) the kind of work and also (b) the person, irrespective of But in many (b) · Grocery, material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise. se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and a i questions answered in detail, it will prevent further correspondence. All the that is essential and must be obtained before the certificate is permanently filed.

TARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH 085

1. PLACE OF DEATH	(181)
County Washington Village or City Hagerstown,	No. 2 Blooms Ave St, 3 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred . 21_yrs, . Imos	s. IIds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Lilliah H. French. (a) Residence: No. 2 Blooms Ave. (Usualplace of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH July 26 193 I (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERT!FY, That I attended deceased from ,19 ,19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months I I II 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businoss in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country) Md 13. NAME Thomas Lee. French.	I last saw h
14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIOEN NAME Florence Gassaway. 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Florence French.	What test confirmed diagnosis?
(Address) Hagerstown, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cemetery, July 28	Manner of injury
19. UNOERTAKER Fred W. Kraiss. 1931. (Addrass) Hagerstown, Md. 20. FILED \$\int_{\text{193}} \int_{\text{193}} \int_{\text{Registrar.}} \text{Registrar.}	24. Was disease ar injury in any way related to occupation of deceased? If so, specify (Signed) A Control of Manager of M. D. (Address) Signed of M. D. 24.11 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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E	xample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SECEN/E	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	ALC 6 19.			
Other contributory causes	of importance:	8.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

ARGIN RESERVED

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ne principal cause of death and related causes importance were as follows: tack of epilepsy un over by street car ritonitis	Date of onset 1 week ago 1 week ago
in over by street car	
	1 week ago
mitanitia	
i umuus 🔻	3 days ago
her contributory causes of importance:	1 year
	er contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLA

PLACE OF DEATH County Washing for WITHIN QUEFORATE LIMITO ## Village or City / Lagerstown Mid // 2FULL NAME Margaret: Our	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 Z (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Will (Write the word) 5 SINGLE, MARRIED, WIDOWED, Statowel (Write the word)	16 DATE OF DEATH July (Month) (Day) (Year)
Month) (Day) (Year)	I HEREBY CERTIFY, That attempted the deceased from 193/ to 193/ 193/ that I last saw how alive on July 5, 193/
79 yrs. 7 mos. 12 ds. If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 8.00% m. The CAUSE OF DEATH * was a follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Chronic Myserablo Chronic Deplets (Duration) yest mos do, Contributory Chronic Hell-Blodder
10 NAME OF FATHER Dant Know 11 BIRTHPLACE OF FATHER (State or country) Dant Know	(Signed) W. Woward Lagler, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) ondswille 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death?
(Informant) Ms Mand Extine (Address) 19- A. Locust st. (Address) 14-2	Former or usual residence
Filed 7-6- 316 Kast Bower Registrar	Sco. B. Hoover Smuthsburg

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on 20 yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. At Home, and children, without more precise specification as Duy For persons (b) Automobile factory. The material who have no occupation not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

detahus) may be stated under the head of "contributory." Recommendations on statement of cause of American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, parbolic acid—probably suicide. Then ture of the injury, (secondar; or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: A ceidental drowning; Struck by railway trans-"Exhaustion," "Atrophy." "Collapse." "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY name origin; "Cancer" is less definite; avoid cough; Committee on Nomendature "Heart failure," "Haemorrhuge, Chronic valvular heart disease; etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions spawered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanantly filed.

BINDING

FOR

MARGIN RESERVED

S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gostroenteritis	1 year
	/	
	1915 1921 Julyō,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

/ 9		
25-5	- 4	
12-1-4981		SELECTION OF SELEC
91-4-1861		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08523
1. PLACE OF DEATH	139 7
County I ashington	Registration Dist. No. 202
Village or City. Dagerstown	No Dash G. Washit St., 3 W death occurred in a hospital or institution, give its No ME instead of street and number)
	ds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME anna I Warn	
(a) Residence: No. 121 Ht Comas	St. 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 6R DOVARCED (write the word) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 6. COLOR OR RACE 6. 6. CO	21. DATE OF DEATH Complete (Day) (Year)
M. If married, widowod, or divorced HUSBANO of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended decessed
Man 20 = 1000	July 4 193/ to July 193
6. DATE OF BIRTH (month, day, end yeer). 2 1889	lust sew here elive on the selive of the selive on the selive of the selive on the selive of the sel
7. AGE Yeers Months Deys If LESS than 1 day,	to heve occurred on the dete sleted above, at L. 40 P.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
4/ 9/8 ormin.	were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, Language Mayer, BOOKKEPER, etc.	Ruptured Into Overing about (light) 7/8/
9. Industry or business in which	Themong from un
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked et this occupetion (month end spent In this	
yeer) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) / Carllelaure (State or country)	Mrealong abortion (6 ms press)
	-
Ī	Name of operation Lag and ormy - Ormman Oate of 7/8/71
14. BIRTHPLACE (city or town). Manyaling (Stete or country)	What test confirmed diagnosis?
al . Ma . DIII.	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
	Accident, sulcide, or homicide?
16. BIRTHPLACE (city or town) Hagustown (Stete er country)	Where did injury occur?
17. INFORMANT GLASSE & Harri (Address) Hayristown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Laguatown Date Laky 11 , 1931	Neture of injury
19. UNDERTAKER Sert F. Minnich	24. Wes disease or injury in eny wey releted to occupation of deceesed?
(Address) Naguston Ma	If so, specify files
20. FILEO J. J. J. La Mast House N. Registrar.	(Signed) JOW Washington Ha
If more blanks are needed, address State Resist ar,	24 I N. Charles Street, Baltimore, Requesting U. S. No. 1.

De. Lucy 1200 manh

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc..

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Cerebral hemorrhage	18.		
Other contributory causes of importance: .		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE PLAINLY,

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE	OF	MARYL	AND-	-CERTIFICA	ATE	OF	DEATH	08524
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1. PLACE OF DEATH	
	No. Wash Co Hospital St, 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?yrsmos ds.
(a) Residence: No. 655 M. Locust.	st, 4 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) TTO YY' 2 d.	21. DATE OF DEATH (Month) (Day) , 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Edith Coffman.	22. HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) Y (V) 9 - 18 9 7. AGE Years Months Days II LESS than 1 day, hrs. or min.	I last sew b 2201 elive on
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked et this occupetion (month end yeer) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importence:
13. NAME John = Harkman 14. BIRTHPLACE (city or town) Cush town (State or country) Pa	Nems of operation Date of What test confirmed diagnosis? Madaf West there an autopsy?
15. MAIDEN NAME Savah Flack. 16. BIRTHPLACE (city or town) Cash to wn (Stete or country) 17. INFORMANT MYS HE Hay Man (Address)	23. If daath was due to extarnel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place 25h to w. 7, PG Deto Day 3 , 1931	Manner of Injury
19. UNDERTAKER H. K. COXX Man (Address) Hager Stawn Fill d 20. FILED 7 1931 6 Rost Bower Registrar.	24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhaga F.U	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	97)		
County Washington	Registration Dist. No. 30 2		
Village or City stages town	No. 13 5 Summet Ove St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs,mos.			
2. FULL NAME Clartin Lullar Hoff	master-		
(a) Residence: No. 135 Summet and.	St., Z. Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of Flor ence Hoffmaster	22. HEREBY CERTIFY. That I attended deceased from 1931, to 7 - 10 , 1931		
6. DATE OF BIRTH (month, day, and year) Soh 12. 1274,	i last saw heria alive on 7-10- ,1991 ; death is said		
7. AGE Years Months Deys If LESS than	to have occurred on the data stated above, at 7:20/m.		
57. 9 18 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER,	7 7 7		
SAWYER, BOOKKEEPER, etc	Culino schoons 1925		
work was done, as SILK MILL, Tack Road of the SAW MILL, BANK, etc.	& Hypertenin		
10. Date deceased last worked at this occupation (month and 1930 spant in this 26 occupation			
(\$110	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) What was bring the (State or country)			
E ALC IN L			
14. BIRTHPLACE (city or town) - have les town (State or country)	Name of operation Date of		
E 15. MAIDEN NAME, II MAN PLACE	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:		
7 < 0	Accident, suicide, or homicide?		
(State or country)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.		
17. INFORMANT Ulsa Ten ence to masta			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Show re and clubate July 13, 1931	Nature of injury		
19. UNDERTAKER Huch ew K Coluciu - (Address) Las stown & Clark	24. Was disease or injury in any way related to occupation of deceased?		
7-11- 316 haitted 1000	If so, specify (Signed) M. D. M. D.		
20. FILED Registrar.	(Address) Agaille my		
If more blanks are needed, address State Registrar	2455 N. Charles Street Reliance Pagnating 9) S. No.		

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	Example II	
S Date of onset	The principal cause of death and related causes Date of one of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH County Washington Co.	08526 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 2			
Village or City Maugansville (No. Mau	ille, Md. St.: Ward) (If death occurred in a hospital or institution, give its NAME i.			
PERSONAL AND STATISTICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	July 22 , 1931 July (Month) 22(Day) (Year) 31			
5 DATE OF BIRTH July 22 , (Month) (Day)	1 931 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 22 1621 to July 22 ,192 3 that I last saw h alive on , 192 ,		
	LESS than day hrs. min.?	The CAUSE OF DEATH * was ns follows:		
particular kind of work None (b) General nature of industry usiness, or establishment in hich employed or (employer) None		(Duration) yrs. mos ds.		
9 BIRTHPLACE (State or country) Maugansville, M 10 NAME OF FATHER Henry Horace Hostett 11 BIRTHPLACE OF FATHER (State or country) Adams Co. Penna. 12 MAIDEN NAME OF MOTHER Minnie Grace Showa 13 BIRTHPLACE OF MOTHER	Contributory Secondary (Duration) (Duration) (Signed) July 24 192 31 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
(Informant) Henry Horace Hostett	3E	if not at place of death? Former or usual residence		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Serront, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. Spinner, business, that fact may be indicated thus; Farmer (pe Housemaid, etc. If the occupation has been changed Foremon, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on 30.8). Form laborer, (b) Cotton mill; (a) Salesmon. (b) Automobile factory. The materia For persons who have no occupation Loborer-Coal mine, etc. Womnot gainfully em-As examples: (a) mon. (b) Grocery,

Statement of Cause of Death—Name, first, the pis-EALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Mcasles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Hear "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all Whooping cough; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY approved by Committee on Recommendations on statement of cause of cause for which surgical operation was underinterstitial nephritis, . (name origin; "Cancer" is less definite; avoid Chronic valendar heart disease; etc. The Nomenclature of the " Shock," contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

(li death occurred in a hospital or institution, give its NAME in-

MEDICAL CERTIFICATE OF DEATH (Day) That I attended the deceased from and that death occurred on the date stated above, at

or, in

GTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIA

If more branks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. X.

Suffi

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, to report specifically the occupations of persons enstate occupation at beginning of illness. If retired from er," etc., without more previous remaine, etc. Wom-laborer, Farm laborer. Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. tired 6 urs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architeet, Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhtheria avoid use of "Croup")

Typhoid fever never report "Typhoid Pneumonia";
Lobar pneumonia, Browchopneumonia ("Pneumonia,"

American Medical Association. "Exhaustion," "Heart failure, Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Meusles (disease inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse." "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Whooping cough; Chronic valvular heart Chronic interstitial nephritis, etc. The con use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. (secondary or intercurrent) affection need Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Comnuittee on Nomenclature Always qualify all contributory not be disease;

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(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewije, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a laborer, Furm laborer. Laborer-(oul mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor. Architect. Foreman, (b) Automobile For many occupations a single word or term on yrs). (b) Cotton mill; (a) Solesman. (b) without more precise specification as Day For persons who have no occupation Stationary freman, etc. factory. The person, irrespective of Locomotive engineer, But in many materia Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CANSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septiaeemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exbaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by radiumy trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, (secondary or intercurrent) affection need American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinomo, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic and consequences 'e.g., sepsis, etc. The contributory valvular heart Nomenclature Always qualify all not be discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	08529 STATE OF MARYLAND
County (Nas Mington	CERTIFICATE OF DEATH
	Registration Dist. No. 3/9
Village or City ledysville (No	St.: Ward) St.: Ward) A hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, OR DIVORCED	16 DATE OF DEATH 7 2 , 1923 1
I lmale (W ML (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY that I attended the deceased from Much 30, 193, 192 that I last saw h & alive on March 30, 193, 192
7 AGE If LESS that I dayhrs	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	alinoma of rught sign for face. This case was treated for mose de
9 BIRTHPLACE (State or country) Maryland 10 NAME OF	Contributory Secondary (Durstion) (Signof) (Signof) (M. C. M.
11 BIRTHPLACE OF FATHER Z (State or country) Manufand	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidai.
12 MAIDEN NAME Common Pagenheart	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transleints or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) (Informant) (Address) Sharpshurg Mod	Boorsboo Cerveley 7/4/, 198/
15 Filedfuly of 1921 Registra	6. L. Sumantes Redyoulle
If more bianks are needed, address State Registr	ar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from laborer, Form laborer, Loborer—Coat mine, etc. woun-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form laborer, (b) Cotton mill; (a) Solesman. without more precise specification as Day specifically the occupations of persons en-(b) Automobile foctory. The materia For persons who have no occupation Loborer-Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature corbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by roilwoy trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(secondary (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." 1Vhooping (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, cough; or intercurrent) affection need not be Chronic volvular heart disease etc. The contributory

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PHYSI-

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 387

St.:	St.: Ward)	(If death a hospital tion, give i stead of number.)	or ins	titu E i i
CERTA	FICATE O	F DEATH		

(Mouth) (Day) (Year) (Mouth) (Year) (Mouth) (Day) (Year) (Mouth) (Park) (P	MEDICAL CERTIFICATE OF DEATH			
that I last saw halive on the date stated above, at last saw haliv	16 DATE OF DEATH July 2, 183/1			
that I last saw h alive on the date stated above, at and that death occurred on the date stated above, at and that death occurred on the date stated above, at and a seminary that the contributory and a seminary that the seminary				
and that death occurred on the date stated above, at	110A-64. A 1/h			
and that death occurred on the date stated above, at	0 13 5			
The CAUSE OF DEATH * was as follows:				
Contributory Secondary (Signed) (Duration)				
Contributory Secondary (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (Duration) (Duration) (Duration) (Paths from Vislent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Beath) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Beath) (Signed) (Signed) (Address) (Address) (Address) (Beath) (Signed) (Signed) (Signed) (Address) (Address) (Beath) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Sig				
Contributory Secondary (Signed) (Durstich) State the lisease Causing Death, or, in deaths from Vislent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Hombidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translemts or Recent Residents) At place of death yrs mos ds. Where was disease contracted, it not at place of death? Former or	Tryaled Conglintal Depetitament			
Contributory Secondary (Signed) (Durstich) State the lisease Causing Death, or, in deaths from Vislent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Hombidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translemts or Recent Residents) At place of death yrs mos ds. Where was disease contracted, it not at place of death? Former or	(Poly-daetylysm - no tongene			
(Signed) (Durstich) (Signed) (Durstich) (Signed) (Signe				
(Signed) (Durstich) (Signed) (Durstich) (Signed) (Signe	Contributory Proposly Levelel,			
(Signed) (Signed) (Signed) (State the I'iscase Causing Death, or, in deaths from Visient Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents) At place of death yrs				
/State the I iscase Causing Death, or, in deaths from Visient Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translemts or Recent Residents) At place of death yes disease contracted, if not at place of death? Where was disease contracted, if not at place of death? Former or	Duration)			
Visient Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents) At place of death yrs mos ds. Where was disease contracted, it not at place of death? Former or	(Signed) (Signed) (Signed)			
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Ients or Recent Residents) At place of death	Visient Causes, state (1) Means of Injury and (2) Whether			
At place of death				
of death	and the state of t			
if not at place of dwa.h?				
	Where was disease contracted, if not at place of dea.h?			

If more banks are needed, address State Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Addres

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEA INCOMENTAL (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferm the only definite syronym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid faver (never report "Typhoid Pneumonia"); Lobar pucumonia, Bronehopneumonia ("Pneumonia,"

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"E:haustion," "Heart failure," "Hacmorrhage," (secondary Chronic interstitial nephritis, as fracture of skull, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJU.Y "Uraemia, "Atrophy," "Collapse, porilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi cough; " "Weakness," etc., when a definite disease or intercurrent) Chronic valvular heart disease; and consequences (e g., sepsis, Example: Measles (disease "Coma," "Convulsions," affection need not etc. The contributory

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S. No. 1

ä

E

(Address)

infor-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 08531		
1. PLACE OF DEATH	(158)		
County Washington	Registration Dist. No. 30 Z		
Village or City Hagelas WW	No. 123 Markson and 5 Ward		
	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos ds.		
2. FULL NAME Child of Chas 7. Ly	m		
(a) Residence: No. 123 Clarkson and	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
male white strate (write word)	Month 2 (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of	22 LHEBERY CERTIEV That I altered decorate from		
(or) WIFE of	22. HEREBY CERT! FY, Thet I attended deceased from		
6. DATE OF BIRTH (month for the year) 20 - 1931	Her sky half slive and formal child, 190 a death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Born and 2 50 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
1 deyhrs.			
8. Trade, profession, or particular	were as follows: Date of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	/.		
9. Industry or business in which	la ka		
work was done, es SILK MILL, SAW MILL, BANK, etc	- Constour		
10. Date decesed last worked at this occupation (month and year)			
7/	Other Contributory Causes of importence:		
12. BIRTHPLACE (city or town) - Add Control (State or country)			
13. NAME Chas. T. Lory 14. BIRTHPLACE (city or town) . Hasustown			
	Name of operation Date of		
(State or country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Steelton	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
	Accident, suicide, or homicide? Date of injury, 19		
Stele er country)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Chas I draw (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Plece lageratorn & No Date John 21, 1931	Nature of injury.		
19. UNDERTAKER SCATT Z. Minnels	24. Wes disease or Injury In any way related to occupation of deceased?		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis V S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis REA	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every item CIANS sho statement

S. No.

1	PLACE OF DEATH			
	ounty Washington			
Vil	Village or City Sharkshur No.			
	2 FULL NAME Infant Lown			
	PERSONAL AND STATISTICAL PARTICULARS			
3 8	and W COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)			
6 1	ATE OF BIRTH			
	July 22 1931			
	(Month) (Day) (Year)			
7 A	If LESS than I day 5 hrs.			
P	CCUPATION) Trade, profession or ricular kind of work			
9 8	RTHPLACE (State or country)			
	10 NAME OF SATHER SALL SOLL FORMAN			
NTS	11 BIRTHPLACE OF FATHER (State or country)			
PARENTS	12 MAIDEN NAME OF MOTHER NOTA UNIGINIA Publis			
	13 BIRTHPLACE OF MOTHER (State or Country) W. V.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant)				
(Address)				
15	Filed 7/22 19B1 Ell Loyen			

08532

16 DATE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

22

Registration Dist. No. 300

St.: Ward)

(If death occurred in a hospital or institution, give its NAME isstead of street and number.)

MEDICAL	CERTIFICATE	OF DEATH
---------	-------------	----------

	(Month)	(Day)	(Year)
July 22	ERTIFY, That I a	ttended the de	1937
HEREBY COLORED TO THE PROPERTY OF THE PROPERTY	alive on A	elf 22	1 70 31
nd that death occurre	d on the date state	ed above, at	m,
he CAUSE OF DEATH		**********	
Turna	lur	00000000000000000000000000000000000000	•• •• •• ••••
	(Duration)	Y[0,	nosda.
Contributory Secondary		******************************	>20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(Dyration)	yrs	mosds.

Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

*State the lisease Causing Death, or, in Violent Causes, state_(1) Means of Injury and

ients or Recent Residents)	
As -less	In the

if not at place of dea.h?.....

Former or usual residence......

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

ADDRESS

DATE OF BURIAL

in deaths from and (2) Whether

NECTAREN

(Approved by U. S. Census and American Public Health Association.)

eupation is very important, so that the relative healthtired - 6 yrs. er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Screant, Cook work, or At Home, and children, not gainfully employed, as At school, ar At home. Care should be taken definite salary), may be entered as Hausewife, House-Civil engineer, housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enmer, (b) Calton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a that fact may be indicated thus; Farmer (re-Stationary fireman, etc. But in many For persons who have no occupation single word or term on

EA VESTIGE DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphthera (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

"PUERPERAL seplicacmia," "PUERPERAL perilonilis," elc. atic), stated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) carbolic acid-prabably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumania (secondary), (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis af lungs, menapproved by Committee on Nomenclature lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revalver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinama, Sarcoma, etc., of Never report mere symptoms or terminal condi or intercurrent) Chranic Example: Measles (disease valvular heart affection need not etc. The contributory Mcaslcs; disease ; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	ALIDE TO 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July5,1927	Peritonitis	3 days ago
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.--Every Item of information should be carefuily supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on Dack of certificate. ECORD MARGIN RESERVED FOR BINDING VITH UNFADING INK--THIS IS A PERMA NLY. WRITE P

County Colling to	08534 STATE OF MARYLAND CERTIFICATE OF DEATH
Near Clean Chroning Ma	Registration Dist. No. 303 (If death occurred in a hospital or institution, give its NAME in
2 FULL NAME Mary Elizabeth	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Witte Single, MARRIED WIDOWED. Wale Witte (Write the word)	16 DATE OF DEATH ONLY 30 & 1937 (Month) (Day) (Year)
G DATE OF BIRTH July 30th, 1901	17 I HEREBY CERTIFY, That I attended the decessed from At birth 192 to , 192
(Month) (Day) (Year)	that i legt saw h 2 alive on 192 ,
If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Othloon
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary A. (Pyration) A. yrs
10 NAME OF FORWARD MCAllister	(Signed) / M. D. M. D. 1920 / (Address) Clear Oliving His
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother fun Ecleu Hawbake	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At plece of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deeth?
(Informant) Alleallister	Former or usuel residence.
(Address) Big Bool Wed.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 3 1931
15 Filed July 30 193/ J. W. Nues and Registry	Tred Whaiss fargregatown
If more blanks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective o whatever, write None. Housemuid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Foreman, (b) Automobile factory. The muterial engineer, Stationary fireman, etc. But in many or For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) At Home, and children, without more precise specification as Day specifically the occupations of Compositor, Architect, Locomotive engineer, For persons who have no occupation not gainfully empersons en-Grocery,

Statement of Cause of Death—Name, first, the Distribute of Cause of Death—Name, first, the Distribute of the East Causing Death (the primary affection with respect to time and causation), using always the same accepted technical for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences e g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" inges, perdonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death and quality as ACCIDENTAL, SUICIDAL OF HOMICIDAL, American Medical Association.) Examples: Accidental drowning; Struck by railway train— "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY by ("Congenital," "Senile," etc., "Dropy," ion," "Heart failure," "Huemorrhage," Committee on for malignant neoplasms); valendar heart disease; etc. The contributory Nomenclature Always qualify all Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is casential and must be obtained before the certificate is permanently filed

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the Spinner, (b) Colton mill; (o) Salesmon, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus: Former (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemoid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material As examples: (a) dutics of the (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacenta," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (mcrcly symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, occident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-(secondary or intercurrent) affection need American Medical Association. (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valendor heart Nomenclature Always qualify all not be discose;

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No. 1.

V. S.

10.

PLACE OF DEATH County Vashington No. M. M. Print 2 FULL NAME Frederick Milliams	CERTIFICATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ctua Road. St.; Ward) Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), 1923/ (Year) 17 LHEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	at birth to that I last saw h turn, alive on June 9 h. 192,
7 AGE If LESS than I dayhrs. yrs	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	murand at Hall found at 5 all most trove full of blood dead. Had us cough (Duration) voventimos of de. Contributory dept + secured or y quiet.
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER OF ZEE Davis 13 BIRTHPLACE OF MOTHER (State or country) MA.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place In the State,yrsmosda.
(Informant) A A Challen	Where was disease contracted, if not at place of death?
Filed 7-14-193/6 May Howers If more blanks are needed, address State Registrar.	19 PLACE OF BURIAL OR REMOVAL FATE OF BURIAL FUNKSTOWN 7 15 1931. 20 UNDERTAKER ADDRESS Junkstown 20 16 W Spratoge St. Balto, Requesting V S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furnier (re-Housemaid, etc. If the occupation has been chauged gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oe For many occupations a single word or term on -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Diphtheria fever (never report "Typhoid fever (never report "Typhoid pucumonia"):

quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicacmia." "Puerperal peritonitis," diseases resulting from childbirth or unisearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railreay taken. For violent deaths state means of injury vulsions," Whooping cough; Chronic vulvular heart discase; (secondary or intercurrent) affection need not be Noncenclature of the American Medical Association.) "Debility" ("Cougenital," "Senile," etc.), Never report mere symptoms or (Recommendations on state-"Anaemia" The na-(merely terminal (second-(disease

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	7
1. PLACE OF DEATH	93-5	
County Washington	Registration Dist. No. 302	1
Village or City Nageratory	No. 117 6 Harth St. 4	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number	
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos,	ds.
2. FULL NAME aaron Z. Mc Grav	~	
(a) Residence: No. 117 E Markon (Usual place of abode)	St., Ward. If nonresident give city or town and State	-110210
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVERCED (write the word)	21. DATE OF DEATH July (Month) 2 / (Day) . 193	Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bustha D. Meyraw	22. HEREBY CERTIFY. That I ottended decees	sed from
6. DATE OF BIRTH (month, day, and year) 14-1870		th Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.20 Pm	
60 10 7 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada profession or particular	Date	otonset
kind of work done, as SPINNER, accountant	an it is	ne
9. Industry or business in which work was done, as SILK MILL, SALW MILL, BANK, etc	Chrome miocarditis	(nm
10. Date deceased last worked et this occupation (month and year)		
11 1 1	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	anjin Derozio	m
	Contra & contra	And
11-01-1		70-1-0
14. BIRTHPLACE (city of town) (State or country)	Name of operation	
	What test confirmed diagnosis? Was there an autops	y?
= 11.1.10	23. If death was due to external causes (VIOLENCE) fill In also the following:	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 1	19
ne B. 11 8 Mich	Whera did Injury occur?(Specify city or town, county and State)	
17. INFORMANT This. Laguation MA	Specify whether injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Place Lagratown Md Date July 23 , 193)	Nature of injury	
19, UNDERTAKER Scott 7 Minnis	24. Wes disease or injury in any wey related to occupation of decoased?	
(Address), Haguaton md	If so, specify	
20 SUED 7/22/ 103/ 6 hest Bowers	(Signed) Wolfer	M. D.
20. FILED 19 19 120 11 11 Registrar.	· (Address) Hayrslown, My	0+00040=
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	
DE W	mens	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
•	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

What test confirmed diagnosis? 23. If death was due to externel ceuses (VIOLENCE) fill in elso the following Accident, sulcide, or homicide? _____ Oate of Injury__ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury In any way releted to occupation of deceased? Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. E. No. 1

Oate of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houselaborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know a the kind of work and also (b) the Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word of term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Locomolive engineer, But in many (6) material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Possoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences e.g., sepsis, setanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilogitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc. /, "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of (secondary or intercurrent) affection need American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valeular heart disease; etc. The contributory Nomenelature not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institution, give its NAME is -stead of street and number.)

MEDICAL	CERTIFI	CATE	OF	DEATH
---------	---------	------	----	-------

DATE OF DEATH	7 110		193 1
4	(Month)	(Day)	(Year)
17 I HEREBY CERTIFY			
192	. to		, 192
that I last saw halive on	a state		192
			,
and that death occurred on the CAUSE OF DEATH * was a		i above, at	m,
Stell &	3000	Z	
(E	Ouration)	yıam	osds.
Contributory Secondary	9°~ 60 000 000 000 000 000 000 000 000 000	9	•
(1	Duration)	yrsm	ds.
Signed) [Address	ace	lluber	M. D.
*State the Piscase Caviolent Causes, state (1) Accidental, Suicidal or Homicid	using Dooth	or, in dan	ths from Whether
ients or Recent Residents)	(For Hospi	itals, Instituti	ons, Trans-
At place of deathyrsmosds	In the	teyrs	.mosds,
Where was disesse contracted, I not at place of dea.h?	2 10 11 2 44 6 11 6 11 11 11 11 11 11 11 11 11 11 11	0.0000000000000000000000000000000000000	
Former or usual residence			
9 PLACE OF BURIAL OR REM	IOVAL	DATE OF	BURIAL, 19
20 UNDERTAKER		ADDRESS	

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Iso. 1.

(Approved by U. S. Census ɛ nd American Public Health Association.)

laborer, Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womnature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servan!, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at bome, who are engaged in the duties of the worked on may form part of the second statement For many occupations a single word or term on or At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E.haustion," "Heart failure," "Haemorraage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic valvular heart disease; etc. The contributory

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state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08543
sta UP.	1. PLACE OF DEATH	93-0
ould	county Washington	Registration Dist. No. 302
e /	Village or City H Q GP VIS TOOSAT LIMITE	No. 127 Fairq round Ave st, 4 was
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	C. II Sunstitut	Vre /
ICI.		
	(a) Residence: No. 127 + alyayound 1+ vo	St., Ward. If conresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)	21. DATE OF DEATH
LY	Temale White Widow	(Month) (Oay) (Year)
CTL	5a. If married, widowed, or divorced	22. / I HEREBY CERTIFY. That I attended deceased from
A	(or) WIFE of John W. Tetre	July 21 19.31 10 July 21 193
E X cl	6. DATE OF BIRTH (month, day, and year) 2 any 13-1858	t they saw h. a alive on July 4 1931; death is si
erly icat	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 12 m.
stated EXAC properly classificete.	M3 6 80 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
9	8. Trada, profession, or particular kind of work done, as SPINNER.	10
be y of	8. Hadd, profession, or particular kind of work done, as SPINNER, Duseu. X SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	acute delalation of heart
should it may n back	work was done, as SILK MILL,	
sh it in	10. Date deceased last worked at	
	yaar) spart in this 3 u4 rs.	Other Contributory Causes of Importance:
oplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town) Lydia	dl : n 1 t
- proof	(State or country)	Carine Myscardules
supplied n terms, ee instri	13. NAME TOBY, CYOSS	<u></u>
sur vin t	13. NAME 17067, CYOSS 14. BIRTHPLACE (city or town) Lydia (Stata or country)	Name of operation Oate of
L S	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
be careful EATH in p important.	T	23. If daath was due to external causes (VIOL ENCE) fill in elso the following:
ca TH port	16. BIRTHPLACE (city or town) Ly dia (State or country)	Accident, suicide, or homicide?
be EA imj	IT INFORMANT TYS, POUS, LONG	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	17. INFORMANT 11/13 1204 2: FOR 9 (Address) Hayer Stown ITT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
sho E Ol	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
mation should be carefi CAUSE OF DEATH in TION is very importan	Plece May YSTOWYIIII a Date duly 23193]	Nature of injury
CAUSI TION	19. UNDERTAKER THE K. COXXXXXQ V	24. Was disease or injury in any way related to occupation of deceased? 200
	(Address) Hadrstown, Tha	If so, specify
	20. FILEO 7-21-, 193/ 6 kest 10 owers	(Signed) M. M. M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requisting U. S. No. 1.

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	Example I	1	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	WESEN/ED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 9 1931	July 5,1927	Peritonitis	3 days ago
	27			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

NA.)	PHYSI-
MARGIN RESERVED FOR BINDING	WRITE PLAILY, WITH UNFADING INKTHIS IS A PERMAN T CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
(-	T	z z

PLACE OF DEATH	08544 STATE OF MARYLAND
County Commission	CERTIFICATE OF DEATH
9 . 1	Registration Dist. No. 30 2
Village or City LALESTOWNO.	St.: Ward) a hospitel or institu
2FULL NAME Lillie May	Philegen steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SHALE. MARRIED. Married Wibower. OR DIVORCED (Write the word)	16 DATE OF DEATH LULY 3 , 1923/
6 DATE OF BIRTH Moreula -30 -, 1868 (Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the doceased from fully (- 1934, to fully 37%, 1934, that I last saw have alive on fully 3, 1934,
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 8.10 - P. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	(. Er haus King)
(b) General nature of industry business, or establishment in	(2)
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory arterion Sclerosion de
10 NAME OF FATHER John D. 7 ink	(Signed) Vilia Delle M. D. M.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Anna Relecca Remelow	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trens-
13 RIPTHPLACE	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Willis V. Phleagu	usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Funkatown md.	Rose Till Centlan July 6, 193
Filed 7/4/ 1931 Blost Bours Registrar	20 UNDERTAKER JADDRESS W. D. Bast & Son Boonsbor
If more branks are needed, address State Registrar,	16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without note proceed nine, etc. Wom-laborer, Farm laborer, Laborer—Coal nine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Compositor, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart lanure,
"Old Age," "Shock,"
"Tnanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid approved, by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Whooping (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; or intercurrent) affection need not be Chronic Carcinoma, Sarcoma, etc., of etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

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Conrad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE FOR FUR	ER STATEMENTS BY PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs. business, that fact may be indicated thus; Former or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on Farm laborer. Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation Salesman. (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same dise.sc. Examples: Cerebrospinal
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Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association. tetanus) may be stated under the head of "contributory." State cause for which surgical operation diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. approved by (Recommendations on statement of cause of as fracture of skull, and consequences e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephrilis, Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinomo, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Example: Measles (disease etc. The contributory valvulor heart Nomenclature Always qualify all SPM not be discose; under-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

08547

BINDING NFADING INK-THIS IS A PERMAN MARGIN RESERVED FOR

	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLACY, WITH UNFADING INK-THIS IS A PERMAN F & CORD	Y, Pi
RD	assif
2	EXA rly of
5-	rope
Z	be a be p ck of
RMA	ould may n ba
A PE	E sh at it ns o
IS	so th uotic
CHIS	plied rms instr
IK-	sup lin te See
CIP	efull n pla tant.
NDIN	TTH I
JNF/	DE/
H	Shoule of
	CAUS
LY	ate UPA
PLA	Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
ITE	shou ont of
WR	INS It
	CIA Sta

N. B.

12)	0001
PLACE OF DEATH	STATE OF MARYLAND
County Wash in Chon	S CERTIFICATE OF DEATH
County	CERTIFICATE OF DEATH
WITHIN OUMPOBATE LIMITS OF	Registration Dist. No. 302
Village or City Hugerston (No. 128	E, Bello, St.: 3 Ward) (If deeth occurred in a hospital or institu-
	tion size its NAME in-
2FULL NAME Sun and C	Sheld & R K Saum. stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDOWED, OR DIVORCED	Jany 2-2, 128/
_/ (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 22, 193/	
(Month) (Day) (Year)	that I lest saw h
The state of the s	and that death occurred on the date stated above, atm,
	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or	-ce
particular kind of work	The second secon
(b) General nature of industry	***************************************
business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
(State or country) Md 1	(Durstion) yrs mos ds.
10 NAME OF 1	2000-1
FATHER Cohert Vaun	(Signed) M. D.
M II BIRTHPLACE	July 22 1931 (Address) / He Coulows
	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether
Z (State or country)	Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER DISCORDER BY OFTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a wind our our	lents or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country) MG	of deathyrsmosds. Stateyrsmosds.
	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) R.M. Dann	usual residence
11	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Sugarlown,	Premises July 22 1832
15 7/22/ 3/ SOUBILLOSINO	20 UNDERTAKER ADDRESS
Filed 192 192 Registrar	Faller RK Saum Husenburg
If more branks are needed, address State Registrat	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed (6) Grocery,

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marashus,
"Traemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Narasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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1 80	4	PLACE OF DEATH
EX		County Washington
assirie te.	Vil	lage or City Indian Spring.
operly cla		2 FULL NAME Henry A Seiber
cer		PERSONAL AND STATISTICAL PARTICULARS
back of	3 9	A COLOR OR RACE SINGLE, MARRIED, Widows. Widowschild (Write the word)
ons on b	6 1	June 25, 1836 (Month) (Day) (Year)
instruction	7 /	
plain te	(p () b	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
Importa	9 E	(State or country) Washington Co.
		10 NAME OF POSSIS Scibert
TION is ve	RENTS	OF FATHER (State or country) Washington Co-
9	PAR	OF MOTHER Julia Hullny
OCCUP.		OF MOTHER (State or Country) Washington Co
of	14	(Informant) My Earl L Yearlle
statement		(Address) Julian Spiny Md
ω (15	Filed July 6 198/ W. Muneay

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) (If death occurred in a hospital or institu-

<u> </u>	stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	3. 1927
17 I HEREBY CERTIFY, That II at	tended the deceased from
that I last saw halive on and that death occurred on the date state	d above, at 32 m.
The CAUSE OF DEATH # was as follows:	rula à
Hill Stalle	
Contributory (Duration)	yrede.
(Signed) (Address) (Address)	yis mos do.
*State the Pissase Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, In deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hosp ients or Recent Residents)	itais, Institutions, Trans-
At place In the	e tede.
Former or usual residence	
5t Paul Cemeley	July 6, 1931

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement whatever, write None. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Architect, Locomotive engineer, Grocery,

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Spinner, (b) Cotton mill; (a) Salesman, (b) Groccyy, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health state occupation at beginning of illness. If retired from en at home, who are engaged in the dutics of the worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a tager Farm laborer, For many occupations a single word or term on Mrs). without more precise specification as Day Compositor, For persons Architect, who have no occupation person, irrespective of Locomotive engineer The ques-

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American Medical Association.) tetanus) may be stated under the head of "contributory "PUERPERAL seplicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse." "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., approved diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Wcakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., schess, carbolic acid-probably smeade. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Chronic Carcinoma, etc. The contributory valvular heart disease; Nomenclature of the Sarcoma,, etc., of Mossles; death

American Medical Assurance.

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Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMA WRITE P

V. S. No. 1

N

PLACE OF DEATH	18550 STATE OF MARYLAND
County Si Coston	CERTIFICATE OF DEATH
	Registration Dist. No. 206
Village or City Juntas Lugaro.	St: Ward) (If death occurred in
2FULL NAME F. Raphael &	a hospital or institu- tion, give its NAME is - stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Surgle OR DIVORCED (Write the word)	16 DATE OF DEATH July (Month) 20 1 (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY ERTIFY, That I attended the deceased from
(Month) (Dsy) (Year)	that I last saw h/M alive on 1 11 2007 , 193
7 AGE	and that death occurred on the date stated above, at /- 1971 m.
27 yrs. 8 mos. 8 ds: or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	La Suppe
business, or establishment in Sulto Ine Sales. which employed or (employer)	Contributory Low (Duration) yrs. mos 10 ds.
9 BIRTHPLACE (State or country) May Sand	Secondary (Durgion) Jrs, mosds,
10 NAME OF Sigler	(Signed) Joseph Property M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the I is see Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Brotise Lard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients (Recent Residents)
OF MOTHER (State or country) Maryland	At place of dea' yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs O O Sigler	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Smithsburg Md	Smithsbury 7 / 22-19 31
15 Filed July 21 19/31 Les. W. Ferguson	William Down methology
If more banks are needed, addres State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. person, irrespective of Grocery Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same adcepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, Snock," Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; Bro shopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, (name origin; "Cancer") is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY cough; " "Marasmus, " "Old Age, " "Shock, Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

V. S. No. 1

	Registration Dist, No. 30 7 No. Wash Ca Hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of	21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY. That I attended deceased from
(or) WtFE of	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased lest worked et this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country)	I lest saw h alive on, 19, death is said to have occurred on the date steted above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset Output Other Contributory Causes of importance:
(State or country)	Name of operation
15. MAIDEN NAME Fana Long 16. BIRTHPLACE (city or town) May 00 mg by 00 (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sutclde, or homicide?
17. INFORMANT TOWAYD SYN. W. (Address) Faglys Town 18. BURIAL, CREMATION, OR REMOTAL Place Faglys Town Woode Flug 1, 1931	Where did injury occur?
(Addiess) (A all las town Mr.)	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regiesting V. S. No. 1.

Registrar.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VE		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TOPATI	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	STATE OF MARYLAND	CERTIFICATE OF DEATH 0.8552
	L. PLACE OF DEATH () - +	95-8)
	County Washnaton	Registration Dist No.
	Village or City Company Tolling	No Pose Helf Cemetery St, 3 Wa
	(If Length of residence in city or townwhere death occurred 11 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs mos.
	(E) i.e) !!	ie St. Idisad
-	2. FULL NAME COURS UNIGHT	m should at
i	(a) Residence: No. 700 (Usual place of abode)	St., 4 Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
1	TAMES WE TE OR DIVORCED (waite the word)	(Month) (Oay) , 193 / (Year)
Sa.	If merried, widowed, or divorced	(Month) (Oay) (Year)
	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
-	1, 0	1931 10 1193
-	DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	l lest sew h aliva on
۲.	AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
_	ormin.	were as follows:
5	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	a cure present
-	9. Industry or business in which	Heart Sugardine
5	work was done, es SILK MILL, SAW MILL, BANK, etc	87 Shock & Frield at
S	10. Oate decoased last worked et this occupation (month and spant in this	Ameal of Brother
_	year) occupation	Other Contributory Causes of Importance:
12	. BIRTHPLACE (city or town)	
~	(State or country)	
HER	13. NAME Eugene Stoddard	
FATH	14. BIRTHPLACE (city or town)	Name of operation Oete of
-	(State or country)	What test confirmed diagnosis?
MOTHER	15. MAIDEN NAME 7 Derma Heiber	23. If death was due to externat causes (VIOLENCE) fill in also the following:
O W	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
	(State or country)	Where did Injury occur? (Specify city or town, county and State)
17	INFORMANT I GOVE TERRY TEMES	Specify whether injury occurred in tNOUSTRY, in HOME, or in PUBLIC PLACE.
18	(Address) BURIAL, CREMATION, OR REMOVAK	Manage of Islams
	Place / Fagerstown Date (July 8, 18/	Manner of Injury
	10 + 10 d 26 d 16. 2.	
19	UNOERTAKER (Address) Man San Dann Ma	24. Was disease or injury in any way related to occupation of deceased?
	7/7/ 31/24/	(Signed) Mm Muller A
20	FILEO 19 19 10 Registrar.	(Address) A a lises tour mil
-	If more blanks are needed, address State Registrar.	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exam	ple I		Example II	
The principal cause of death a of importance were as follows: Arteriosclerosis	Ma	-r S.	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	BOREAT	1921	Run over by street car	1 week ago
Cerebral hemorrhage	The state of the s	July 5,1927	Peritonitis	3 days ago
Other contributory causes of i	mportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

M

	PLACE OF DEATH	STATE OF MARYLAND
	County // AUNINGOV	CERTIFICATE OF DEATH
	Village or City flam # H (No Potomas	Registration Dist. No. Ward) (If death occurred in hospital or institu-
	2FULL NAME Walter FS	tion, give Its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Marriel Wildoweb. (Write the word)	16 DATE OF DEATH Auly (Mooth) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	192to, 192, that I last saw halive on
	7 AGE : [If LESS than	F- 1
	2,7 9 1 dayhrs.	The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	British Welles Costal
Q	(a) Trade, profession or Mechania	
2	(b) General nature of industry business, or establishment in	(Duration) yrs. mos ds.
1	which employed or (employer)	Contributory
	9 BIRTHPLACE (State or country)	Secondary (Durstion)
	10 NAME OF STATHER	Signed lishand Duppey, Comones M.D.
	11 BIRTHPLACE	July 3 1981 (Address) Pouguster mis
	(State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Bortha Slibert	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
	(State or Country)	Where was disease contracted, if not at place of dea.h?
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
	(Informant)/Ille Danie On	19 PLACE OF BURIAL OF REMOVAL PATE OF BURIAL
	(Address) Tagerstown	Bost Hillemeley July 5, 193/
	Filedely of MD/ & N. Molles Registrar	Tred Wikraiss Hagerstown
	If more hanks are needed, addre.s State Registrar	, 16 W. Saratoga St., Belto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more previous factories, etc. Wom-loborer, Form laborer, Loborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on be used only when needed. yrs). (b) Cotton mill; (a) Salesmon, (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile foctory. The material As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death approved by Committee of Commendations)

American Medical Association: "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid—probably encide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequ Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny "Atrophy," "Collapse, Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy,",
," "Heart failure," "Haemorrhage," Chronic Example: Measles (disease " "Coma," "Convulsions, valvular heart disease; etc. The contributory ences (e. g., sepsis,

If this certifiate is loted over thoroughly and a'l questions answered in detail, k-will prevent further correspondence. All the data is essentiand in the optained before the certificate is permanently file.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	08554
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1. PLACE OF DEATH	-CERTIFICATE OF BEATTI
county Mashington	Registration Dist. No. 302
Village or City Hogers town	ND. +O East Aue. St, Ward If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foraign birth? yrs. mos. ds.
2. FULL NAME Will ough by TTT. Sive (a) Residence: No. 40 Fast Tive. (Usual place of abode)	St., 24 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowey.	21. DATE OF DEATH July 23 , 193 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Louisa Syrodic.	22. HEREBY CERTIFY That I attanded deceased from July 29, 1930, to July 23, 1931
6. DATE OF BIRTH (month, day, and year)) \(\text{Q} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The I kniett AL CAOOL OF DEATH and Totaled coases of importance
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Chr. myocarditis 1929 arterio Sclerosis 1929 Cerebral Hemorrhage 1929
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked at this occupation (month and) year) occupation 11. Total time (years) spent in this 3 over 5 occupation	Coustat Nemocinage 1721
12. BIRTHPLACE (city or town) Ha q Crstown (State or country)	Detar Contributory Causes of importance: (a crute Welatalian of Heart. July)
13. NAME William Strock. 14. BIRTHPLACE (city or town) agerstown (State or country)	Name of operation. Name of operation. What test confirmed diagnosis? Play, Eyaw Wes thara an autopsy? Wes
15. MAIDEN NAME Hathia Hildebrand 16. BIRTHPLACE (city or town) Hageystown (State or country) 17. INFORMANT Howard H Strack	23. If deeth wes due to external ceusas (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place + a gerstown The Data July 25, 1931	Manner of Injury
19. UNDERTAKER F. IT. COXX man (Address) a gerstown TTC	24. Was disease er injury In any way related to occupation of decaased? 200 If so, specify
Registrar. If more blanks are needed, address State Registrar.	(Address) Hagentown, mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis 1031	1931	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 12	July 5,1927	Peritonitis	3 days ago
	RUREAU V.S.			
Other contributory can			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

state of infor-OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. Village or City_ ND. Jo (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Every Statement 2. FULL NAME (a) Residence: No. (Usual place of abode If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DI ORCED (wine the word) CIL A PERMANENT FOR BINDING classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 4 1 certificate. 6. DATE OF BIRTH (month, day, end year) properly to have occurred on the date stated above, at \$20 Pc m 7. AGE Years Months Days If LESS than stated 1 day, ____ hrs. The P or min. 8. Trade, profession, or perticuler MARGIN RESERVED THIS PATION be Jo kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back AGE should may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... UNFADING INK 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation See instructions Other 12. BIRTHPLACE (city or town supplied. (State or country) in plain terms, FATHER Name 14. BIRTHPLACE (city or tow (State or country) should be carefully Whet MOTHER important. 15. MAIDEN NAME 23. If c OF DEATH Accid 16. BtRTHPLACE (city or tow (Stete er country Wher Speci 17. INFORMANT very (Address) 18. BURIAL, CREMATION Mann -WRITE TION is CAUSE mation Natu 24. Wa 19. UNDERTAKER (Address) If so Registrar.

If more blanks are needed, address State Registrar, 2411 N.

STATE OF MARYLAND—CERTIFICATE OF DEATH

193

(Year)

(Day)

RINCIPAL CAUSE OF DEATH and relate	ed causes of Importance
as follows:	Date of onset
fapler of	
papell of	
Contributory Causes of importance:	
of operation	Oate of
test confirmed diagnosis?	Was there an autopsy?
eath was due to external causes (VIOL El	NCE) fill in also the following:
ent, suicíde, or homicide?	Date of injury 19
e did injury occur?	
(Specify whether injury occurred in INOUSTRY	city or town, county and State)
y wholes injury because in the both i	, in flowe, of the obelo fence.
er of Injury	
e of injury	
s disease or injury to any way retated to	o occupation of deceased?
specify	
Signed) Kinhand De	yes former MI
(Address) / Duyers	in mil
Charles Street, Baltimore, Requesting V.	S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis 3.	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Perilonitis	3 days ago
133			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of de of importance were as fo	1	1 1	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 1301	July 5,1927	Peritonitis •	3 days ago
	BUREAU V.	0 1		
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis ·	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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N.B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN .Y,

WRITE PLA V. S. No.

1PLACE OF DEATH	08557
County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
county of the county was	(100)
I ktain)	Registration Dist. No. 502
2FULL NAME Mary a.	St.: Ward) (If death occurred in a hospit d or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Very al white widowall	July // , 103/
6 DATE OF BIRTH	(Month) (Day) (Year)
alex, 15 191	1 July 5, 1981. to fully 11, 1921.
(Month) (Day) (Year	that I last saw her alive on July 11, 1921,
7 AGE III LESS the I day	
20 yrs. 20 mos. 26 ds. or mi	nrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Thrompois Cavernous Somes
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs, mos 68 ds.
which employed or (employer)	Contributory Cardias Echanolina
(State or country) Mary laus	Secondary. (aratae erroman de
10 NAME OF FATHER 1744	(Signed) ap Ltauffy M.D.
11 BIRTHPLACE WWH alven	July 12 1981 (Address) Hagerstown mid
Z (State or country)	State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
W 12 MAIDEN NAME?	Accidental, Suicidal or Homicidal.
of MOTHER MYNTEL Darr	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country)	of death yrs mos, ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
C. F. To Minte	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL
Address Heurstown My	1 100 Keil 1/13. 1931
15 Filed 7/13/ 1931 6 Kast & Bours	O O UNDERTAKER ADDRESS
Registrar	Milleller Wous Hay Ers low
If more bianks are needed, address State Regist	trar, 16 W. Saratoga St., Balto., Requesting V. S. No

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houselaborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. "," etc., without more precise specification as Day borer, Farm laborer. Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on urs). (b) Cotton mill; (a) For persons who have no occupation (b) Automobile factory. The material Architect, Salesman. Lacomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure,
"Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainatic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart Nomenclature The contributory ," "Convulsions, Was Measles; disease under-20

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE, OF DEATH STATE OF MARYLAND CERTIFICATE OF DEAT eriy ciassifled Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME In-St.: Ward) stead of street and number.) stated prope of cert PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. be WIDOWED, BINDIN OR DIVORCED ay binode (Month) (Day) Write the word) 1 HEREBY CERTIFY, That I attended the deceased from Ë no 6 DATE OF BIRTH at instruction C (Month) (Day) CH and that death occured on the date stated above, at 7 AGE IIf LESS than I day hre was as follows: RESERVED ds. or min.? 8 OCCUPATION (a) I rade, profession or particular kind of work pial (b) General nature of industry business, or establishment in in (Duration)yrs which employed or (employer) MARGIN Contributory 9 BIRTHPLACE Secondary (State or country EA (Duration) 0 10 NAME OF (Signed) FATHER M. D. 0 11 RIDTHPL AC 00 LU RENTS OZ the Discase Causing Peath, or, in Violent Caus s, state (1) Means of Accidental, Suicidal or Homicidal. 2 0 (State or country) Injury and CA 12 MAIDEN NAME 4 18 LENGTH OF RESIDENCE (For hospitals, institutions, Trans-OF MOTHER 00 ients or Recent Residents) state 13 BIRTHPLACE At place In the OF MOTHER of death State yrsmos., 00 (State or country Where was disease contracted, E of if not at place of death? MY KNOWLEDGE ho item Every item CIANS sho statement Former or usual residence. BEACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address ADDRESS If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ac. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as the laborer, Pairm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from Statement of Occupation-Precise statement of ocwhatever, write None business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Deal-Civil engincer. report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on especially in industrial employments, it is necesyis). For persons who have no occupation Compositor, mpositor, Architect, Locomotive engineer, Stationary freeman, etc. But in many Architect, not gainfully em-

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. E.:amples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropncumoniz, Bronchopneumonia ("Pneumonia,

> atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shoek," "Shoek," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, towards) may be stated under the head of "contributory" "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stirled unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suncide. The nature of the injury, State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), Whooping American Medical Association.) approved (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Chronic interstitial nephritis, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on cough; Chronic etc. valvular heart Nomenclature The contributory disease; death

ansvered in detail, it will prevent further correspondence.

data is essential and must be obtained before the cert permanently filed. If this certicate is Loked over thoroughly and all que tions is essent.al and must be obtained before the certificate is

2. PLACE OF DEATH County. Was a supplied to the county. Was a supplied of ended and sup	STATE OF MARYLAND—	CERTIFICATE OF DEATH 18559
Village or City Plangeton (If death occurred in a hospital or intuition, give in NANAEL instead of street and number) Length of residence in city or town where death occurred yes mos. 48. How long in U.S. It of foreign birth? yes mos. 48. 2. FULL NAME CAPTER (Usualplace of abodo) PERSONAL AND STATISTICAL PARTICULARS S. EX 4. COLOR OR RACE S. SINGEL MARKEN, WIDOWED, S. BURLET, MARKEN, WIDOWED, S. BURLET, MARKEN, WIDOWED, ORD, PILOTO WITE of Market and State	1. PLACE OF DEATH	(31)
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. The second of the second	County Washington	Registration Dist. No. 30-2
Length of residence in city or town where death occurred yes	Village or City Hagelstown	No. Wash a Woshital St. 3 Ward
2. FULL NAME CYPTIS O Macy (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCE, MARKED, WIDOWED, B. DIVORDED CHITCHEN WORD MISSAND of It married, widowed, or divorced HUSSAND of Color o		
(a) Residence: No. (Usual place of abode) (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCEL MARRIED, WIDOWED, SE HARRIED, WIDOWED, General as sector (c) WIFE of Mague S. H. Married, ordered, or divorced (d) WIFE of Mague (e) WIFE of Mague T. AGE Years Months Days If LESS than 1 day. Arried, profession, or particulars S. SAYER, BOOKNEEPER, etc. 3. Industry or business in which work wis dine; as SILK MILL, SAW MILL, BANK, etc. 3. Industry or business in which work wis dine; as SILK MILL, SAW MILL, BANK, etc. 3. Industry or business in which work wis dine; as SILK MILL, SAW MILL, BANK, etc. 3. Industry or business in which work wis dine; as SILK MILL, SAW MILL, BANK, etc. 3. Industry or business in which work wis dine; as SILK MILL, SAW MILL, BANK, etc. 3. Industry or business in which work as Genes as SILK MILL, SAW MILL, BANK, etc. 3. Industry or business in which work as Genes as SILK MILL, SAW MILL, BANK, etc. 3. Industry or business in which work as Genes as SILK MILL, SAW MILL, BANK, etc. 3. Industry or business in which work as Genes as SILK MILL, SAW MILL, BANK, etc. 3. Industry or business in which work as Genes as SILK MILL, SAW MILL, BANK, etc. 3. Industry or business in which work as Genes as SILK MILL, SAW MILL, BANK, etc. 3. Industry or business in which Whet test confirmed diagnosis? Whet test confirmed d	A A 4	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, WIDOVED, AB, DIVORCD (write the word) What Single Color of the word Will Marked (by) 6. LI HEREBY CERTIFY, That I attended deceased from the sale to have occurred on the date stated above, et. 4 Ca.m. 7. AGE Years Months Days If LESS than to have occurred on the date stated above, et. 4 Ca.m. 8. Trade, profession, or particular were as follows: 9. Industry or business in which work wes done, es SILK MILL, SAWIE, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAWIE, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAWIE, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAWIE, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAWIE, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAWIE, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAWIE, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAWIE, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAWIE, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAWIE, BOOKKEPER, etc. 9. Industry or business in which work was done, escapable in the secondary of the same of	1301	St 5 Word
3. SEX 4. COLOR OR RACE 3. SINCLE, MARRIED, WIDOWED, 36. Ill married, widowed, or divorced 4. White of 6. DATE OF BIRTH (month, day, end year) 7. AGE 7. AGE 7. Wears 8. Trade, profession, or particular 8. Trade, profession, or particular 8. Trade, profession, or particular 8. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWED, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWED, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWED, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWED, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWED, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWED, SAWED, SAWED, SAWED, SAWED, SAWED, SAWED, SAWED, SAWED, SAWED,		
59. If married, widowed, or divorced Whongs 193 (very) 59. If married, widowed, or divorced Whongs 1049 1059	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBANO of (or) WIFE of Margue Source 5. DATE OF BIRTH (month, day, end year) 7. AGE Vears Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or, particular sind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done as SILK MILL, Saw MILL, BARK, etc. 10. Oate decessed last worked at the soccupation months and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURTHPLACE (city or town) (State or country) 19. Where did Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE. (Address) 19. Manuer of Injury 19. Where of Inj	male white Harred	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day. hts. or min. A. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: S. Trade, profession, or particular kind of work done, es. SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es. SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es. SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es. SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es. SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es. SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es. SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es. SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was diagnosis? 12. BIRTHPLACE (city or town) (State or country) Manne of operation. 13. INFORMANT (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) Accident, suicled, or bonicide? Specify whether Injury occur? (Specify city or town, country and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury in eny way related to occupation of decessed? 14. Specify Advanced to the state attendates at the stated above, or the part of the extreme as Tollows: 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 19. Manner of Injury Nature of Injury Natu	HUSBANO of M	
To have occurred on the date stated above, et. 4. Q.s.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were a	margie proof	24
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: S. Trade, profession, or particular kind of work done as SPI NNER, SAVYER, BOKKEPER, etc. 9. Industry or business in which we done as SPI NNER, SAVYER, BOKKEPER, etc. 10. Oate deceased last worked at the spent in this spent in this spent in this year) 11. Totel time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION,OR REMOVA) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Signed) 19. When test confirmed diagnosis? Manner of injury (Specify city or town, country and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. (Signed) 19. UNOERTAKER (Signed) M. D. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Chronic Were as follows: Onther Contributory Causes of Importance: Other Cont		
S. Trade, profession, or particular kind of work done as SPINNER, SAVYER, BOOKEPER, etc. S. Industry or business in which work wes done as SILK MILL, SAW MILL, BANK, etc. S. Industry or business in which work wes done as SILK MILL, SAW MILL, BANK, etc. Spant in this year) S. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. Spant in this year) S. Industry or business in which work at this occupation (month and year) Spant in this year) State or country) State or country) S. Industry or save of Importance: State or country) S. Industry or save of Importance: S. Industry or save	1 day,hrs.	
Sind of work done, as SPINNER, SAVYER, BOOKKEEPER, etc. Sundarty or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Silk MILL, SAW MILL, BANK, etc. Sundarty or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Sundarty occupation (month and year) Other Centributory Causes of Importance:	, , , , , , , , , , , , , , , , , , , ,	were as follows:
12. BIRTHPLACE (city or town)	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Change Trans in the Est the
12. BIRTHPLACE (city or town)	9. Industry or business in which	The state of the s
12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc.	
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13. NAME Columbia Is acy 14. BIRTHPLACE (city or town) Is acy 15. MAIOEN NAME Many Honanham 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Date of injury occur? Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury		A
Whet test confirmed diagnosis? Was there an eutopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Address) Manner of injury Nature of Injury 19. UNOERTAKER (Address) 20. FILED 31. 33 Mas there an eutopsy? Was there an eutopsy? Accident, suicide, or homicide? Date of Injury Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 19. UNOERTAKER (Signed) Thurwall (Signed) Mas there an eutopsy? 24. Was disease er injury in eny wey related to occupation of deceesed? (Signed) Mas there an eutopsy? 24. Was disease er injury in eny wey related to occupation of deceesed? (Signed) Mas there an eutopsy? 24. Was disease er injury occurred. Mas disease er injury in eny wey related to occupation of deceesed? (Signed) M. D.		e majore my militar
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Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place 221, 19. Manner of Injury 19. UNOERTAKER (Address) 24. Was disease er injury in eny wey related to occupation of decessed? If so, specify (Signed) 7. Whywill 19. UNOUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury (Signed) 7. Whywill M. D.	(State or country)	Where did Injury occur?
Place Bethylo Ma Oate 7, 19 Nature of Injury 19. UNOERTAKER CAN R Manner of Injury 24. Was disease er injury in eny wey related to occupation of deceesed? If so, specify Fulfrance 9. M. D. 20. FILED Strand Strand Courses (Signed) Fulfrance 9. M. D.		(Specify city or town, county and State) Specify whether Injury occurred in IMOUSTRY, In HOME, or in PUBLIC PLACE.
20. FILED / 31/ 13/6 hast Bowers (Signed) Frigure G. M. D.	12-16.1 XXX	
20. FILED //3/ 13/6 hast Bowers (Signed) & Mylmully. Mully M.D.		
		(Signed) & Myrall f. miller M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TITE ALL	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

a hospit I or institution, give its NAME is stead of street and

number.)

MEDICAL CERTIFICATE OF DEATH

That I atended the deceased from and that death occurred on the date stated above, The CAUSE OF DEATH Electro Ca ial Carrow

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the yrs......ds. Where was disease contracted,

if not at place of dea.h?

If more blanks are needed, addre. s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No./1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, er," etc., without more previous continue, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid. etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken to report specifically the occupations of persons endefinite salary, may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an eases, especially in industrial employments, it is neees-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oewhatever, write None. or given up on account of the DISEASE CAUSING DEAFH, household only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many oecupations a single word or term on Hrs). For persons who have no occupation Architect, Locomotive engineer, """Deal-

Ease Causing Death—Name, first, the Dis-Ease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Diphtheria avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart fi eausing death), 29 ds.; Bronchopneumonia (seeondary), stated unless important. Example: Measles telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as ean be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(seeondary or intercurrent) affection need "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal eondi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic valvular heart discase; " " Old Age, ete. Nomenclature of the The eontributory " Shock," disease not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-6
County Washington.	Registration Dist. No.
Village or City Various Control Limits	No. 12. St., S Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	
2. FULL NAME John Walters	
(a) Residence: No. 13 elimit (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word) White Wisowied	21. DATE OF DEATH Amonth (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of Render	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	Halt sew heim elive on July (24 1931; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
about 90 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Chr. myocardite Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arterio & clevris - don't
SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total tima (years)	know
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation	A
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
1	
II WAR THE TOTAL	Name of operation home Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Per Estares Was there an autopsy?
15. MAIDEN NAME Adaline Liles	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME daline files 16. BIRTHPLACE (city or town). Nagy for	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT M. Frank Walters (Address) Mentand Char	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Nagyathun Mabate July 25, 1931	
10 HADESTANES SOUTH 7 MILLIANS L	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER MANAGEMENT (Address) Nogunton MA	If so, specify
20. FILED 7- 24- 1931 Chaft Bowers	(Signed) C, HBukley M.D.
ZU. FILED	(Address) Augustown, and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cyclepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

8

PLACE OF DEATH County Tradington	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3au
Village or City San Dran Johnney M	emonal Hourest: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
Jennel White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
. 1845	Jame 24 193/ 10 July 12 193/
(Month) (Day) (Year) 7 AGE	that I last saw hell alive on guly 1921,
8 6 yrs. mos. ds. or min.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Chrow Myocarditis
particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) // vie mos de
which employed or (employer)	Contributory Disaminated selevoses.
9 BIRTHPLACE (State or country)	Secondary 2
10 NAME OF	(Duretion) Tree Troo de
FATHER AT PLEASE	(Signed) M. D. Jaley 15 1931 (Address) Bonstons
OF FATHER	
OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death / Dyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs Flanlam Schildthener by	Former or wash. Co. Md-
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Haguston Md. 370 four 154.	20 UNDERTAKER CEMELARY ADDRESS
Filed why. W: 198 [Wellia) Registrar	(Ding). Bast Yson Boonston
If more branks are needed, address State Registrar	7, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Ind.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Civil engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery: man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—

Statement of Cause of Death—

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosping of the only definite synonym is "Epidemic cerebro";

Dinhiheria (avoid use of "Croup");

American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; (Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature Chronic ," "Coma," "Convulsions," valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Without Laborer, Laborer, Coal mine, etc. laborer, Form loborer, Laborer, in the duties Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the eases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Serunt, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. Housemoid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foremon, Or For many occupations a single word or term on yrs). At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons (b) Automobile factory. The material If the occupation has been changed who have no occupation (6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved American Medical Association.) as fracture of skull, and consequences le g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary) stated unless important. Example: Measles (disease (secondar, or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; name origin; "Canecr" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Atrophy." "Collapse." "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY g cough; Chronic valvular heart disease; interstitial nephritis, etc. The contributory ñq Committee on Nomenclature etc. The

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certificate.			
7.	3 58		
AC 7	SE E	1.	

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY,

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

08564

	I. PLACE OF DEA	ın			72-0	
	County Was	shington			Registration Dist. No	302
	Village or City	lagersto	Wn		No. 634 N. Mulberry death occurred in a hospital or institution, give its NAME instead of st	
	Length of residence in o	cily or town where	death occurred		ds. How long In U.S. if of foreign birth?yrs	
	2. FULL NAME.	atherin	e Vesk	1.6		
					St. Ward.	
	(a) Residence: No	QQT 41.	(Usual place	of abode)	If nonresident give city or	town and State
	PERSONAL AN	ND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DE	ATH
3	Sex Con Whi	or or race	5. SINGLE, MAR OR DIVORCE Wid	RIED, WIDOWED, D (write the word) OW	21. DATE OF DEATH July 21 (Month) (Day)	, 193] (Yaar)
58	HUSBAND of (or) WIFE of	orced Villiam			22. 1 HEREBY CERTIFY, That 1 May 7. 1025 to July	attended deceased from
	Nove	ember 8,	1860			193/ ; death is said
	AGE Yoars 70	Months 8	1:3	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7:55P_m. The PRINCIPAL CAUSE OF DEATH and related causes of importa	nnce
ATION	8. Trade, profession, or particular kind of work done SAWYER, BOOKKE	. as SPINNER.	Home		milise houffway &	May 192
PATI	9. Industry or business I work was done, as SAW MILL, BANK,	n which SILK MILL.				
000		orked at onth and	sp3	time (years) nt in this upation		
13	2. BIRTHPLACE (city or town (State or country)) Mar	yland		Other Contributary Causes of importance	Jen 193
2	1	ckson F	orsyth			
FATHER	14. BIRTHPLACE (city or lown) Md •				Name of operation None What test confirmed diagnosis?	Date of
ER	15. MAIDEN NAME Susanna Briesh				23. If death was due to external causes (VIOLENCE) fill in also the	
MOTH	15. MAIDEN NAME Susanna Briesh 16. BIRTHPLACE (cily or town)				Accident, suicide, or homicide?	
17	7. INFORMANT Mrs. (Address) Ha.	. Mary	Henson,		(Specify city or town, count Specify whelher Injury occurred in INDUSTRY, In HOME, or In PU	y and State) IBLIC PLACE.
18	B. BURIAL, OREMATION, OR- Place Hagers	REMOVAL		ly. 23, 19. 31	Manner of injury	
15		d W. Kr			24. Was disease er Injury in any way related to occupation of dece	ased? ko
2	0. FILED 7/23/	193/6	Kasffe	Boccors Registrar.	(Signed) W. Jonan Jegerger (Address) Stagerflow May	land. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory eauses of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal eause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory eauses of importance:

1. PLACE OF DEATH hina Registration Dist. No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ds. How long In U.S. if of foreign birth? statement PHYSICIAN If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT (Year) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY That I attended deceased from (or) WIFE of 1 6. DATE OF BIRTH (month, day, end year) certificate properly 7. AGE Months to have occurred on the date stated above, at stated 1 day, hrs. The PRINCIPAL CAUSE OF or ____ min. Date of onset 8. Trade, profession, or particular UPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Jo may back 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc..... UNFADING INK 10. Dato deceased last worked at 11. Total timo (yoars) on this occupation (month and spent in this occupation ... instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) be carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?_____ DEATH 16. BIRTHPLACE (city or third (State or country) Where did injury occur? ___. (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. pluods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL WRITE CAUSE mation Nature of injury NOLL 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify 20. FILED Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

IARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of conset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN